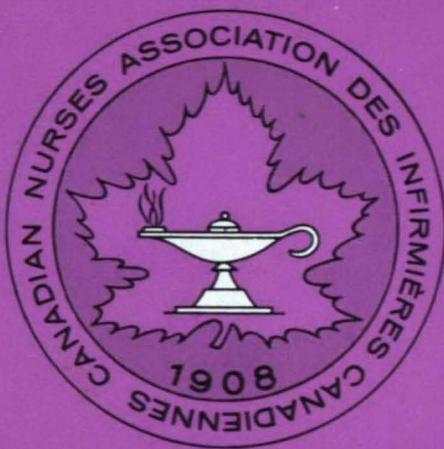


the



Canadian Nurse



VOLUME 58

MONTREAL

NUMBER 5

MAY, 1962

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HIGHLIGHTS

- MACLENNAN — The Searchlight
of Inquiry
- KERR — On a Day in June
- BLACKSTOCK — Artificial
Respiration
- SEWELL — An Over-view of
In-service
Education
- ANDERSON — A Familiar
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Between Ourselves

Preceding each biennial meeting, the May issue carries the **Nomination Slate** on which the delegates will be required to vote during the convention. As you read the list, on page 431, of those who are standing for election this year, you will recognize many familiar names — people with whom you have had an opportunity to become acquainted even if you have never attended the national convention. Most of the eight nurses contesting the three vice-presidencies have placed their opinions and beliefs on the line during the past two years in articles respecting various aspects of professional activity. Each of them is a capable leader so we are assured of a sound administration how ever the voting goes.

You will note that the present first vice-president, E. A. ELECTA MACLENNAN is president elect by acclamation. As our guest editor this month, Miss MacLennan stresses the importance of adequate research into the many areas of nursing that are presently being reviewed.

* * *

The season when most drownings occur is almost upon us. In spite of all the publicity that is given to the importance of learning to swim, of care in the use of boats, of having someone who is qualified to give artificial respiration wherever people go into the water, there are scores of drownings every summer.

The Canadian Red Cross Society reports gratifying success with mouth-to-mouth or mouth-to-nose life-saving techniques. Mr. C. R. BLACKSTOCK describes the various steps in the procedure with a full page illustration of how to do it.

* * *

The Committee on Nursing Service has provided a very interesting series of articles on **In-Service Education**. The first three

articles lay the groundwork and, in general terms, indicate how such a program should be developed. Then we have accounts from several different areas in nursing that reveal how effectively these programs work out in actual practice. You will note as you read that equal stress is placed upon a clearly defined orientation pattern followed by well planned staff education endeavors.

* * *

The Committee on Nursing Education set itself a tremendous task this biennium — to produce an authoritative annotated bibliography dealing with the problems of curriculum improvement. We hope those who will have occasion to use this information will preserve their copies of this issue carefully. No reprints are being ordered and it will be almost impossible to fill orders for spare copies of this number six months from now. It is scarcely good economy for us to over-order this month in case of a later demand.

* * *

Like a youngster going on a trip, whose anticipation outruns the speed of the car, the train or even the jet, and whose frequent question is "When do we get there?", we have been secretly saying as we have been writing "When can mention of Vancouver come in?" Here it is now!

In his poem to *Sussex*, Rudyard Kipling wrote something like this:

*God gave all men all earth to love
But, since our hearts are small,
Ordained for each one spot should prove
Beloved over all.*

For your editor, that "one spot" is Vancouver, even after eighteen years in Montreal! Shall we be seeing you in Vancouver during the last week in June?

A new film "Emotional Factors in General Practice" is a "must" not only for G.P's . . . but for all who work in the field of mental health — volunteers and professionals alike. It has so many audiences that one hesitates to name them: schools of medicine, nursing, psychology and social work; mental health associations, health and welfare groups, professional associations, and local film societies. It deals with what is probably one of the basic mental health problems of

today — how to de-specialize the treatment and care of people whose illness is complicated by emotional problems but who really do not need psychiatric treatment.

The film was directed by Robert Anderson, well-known Canadian director of the recent psychiatric TV series "The Disordered Mind." The new film was sponsored by Geigy Pharmaceuticals Limited and rental prints are available without charge from Geigy, 2626 Bates Road, Montreal 26, Que.

THE CANADIAN NURSE

VOLUME 58

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Miss MacLennan who is Director of the School of Nursing, Dalhousie University, Halifax, N.S., is First Vice-President of the Canadian Nurses' Association.

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Mr. Blackstock is Director of Water Safety with the Canadian Red Cross Society, 95 Wellesley Street, Toronto, Ont.

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Miss Sewell is Assistant Director, Nursing Education, New Mount Sinai Hospital, Toronto, Ontario.

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Until recently, Miss Anderson was Supervisor of In-service Education at Toronto's Hospital for Sick Children. She is now an Inspector of Schools of Nursing with Ontario Department of Health, Toronto.

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Mrs. Buller is coordinator of in-service education at Toronto East General Hospital; Miss McDonald is assistant director of nursing education.

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Mr. Goodacre is Director of Public Health Education with the Health Branch of the British Columbia Department of Health Services.

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Miss Palk is Educational Director with the Toronto Branch of the Victorian Order of Nurses.

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Miss Whiteford is Assistant Principal Nursing Officer (Education), Indian and Northern Health Services, Department of National Health and Welfare, Ottawa, Ont.

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE nor of the Canadian Nurses' Association.

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By MARGARET C. SANNER, R.N., M.A., Associate Professor of Nursing, University of Virginia School of Nursing, Charlottesville, Virginia. About 500 pages, illustrated. *New — Ready in June!*

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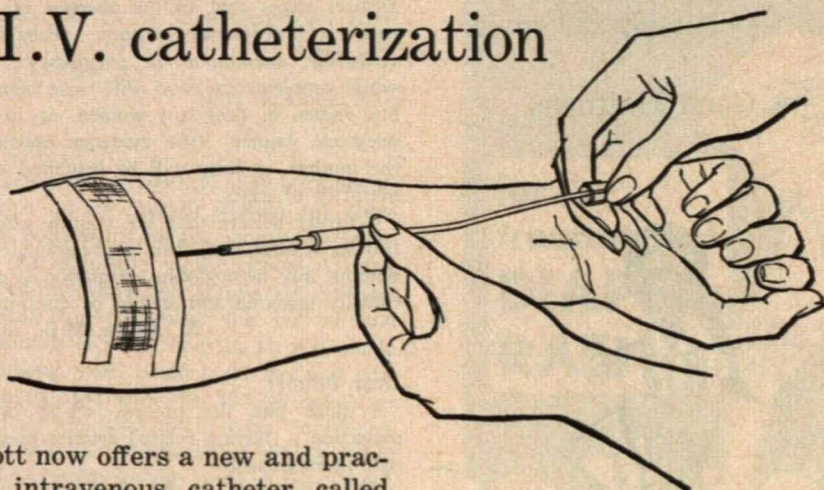
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Random Comments

Dear Editor:

Since I wrote to you I have come across an article by George H. Beaton, Associate Professor of Nutrition, School of Hygiene, University of Toronto. In the January 1962 edition of *Modern Medicine in Canada* Dr. Beaton states that in the absence of blood loss, iron-deficiency anemia probably is relatively uncommon in pregnancy. Thus, while supplemental iron will raise hemoglobin values in pregnant women, as in non-pregnant women, little evidence exists that the mother or baby will be benefited in the majority of cases.

I firmly believe that the routine administration of additional iron to pregnant women without any hemoglobin estimation is scientifically unsound and should be discouraged.

K. ADLER, M.B., D.P.H.

Dear Editor:

I quite like the present set-up of our magazine — having related articles predominate in each issue.

The discussion in the February number should be very valuable to nurses who have been trying to do a good job of evaluation. Most of us will take a long and thoughtful look at our method, then proceed to improve on what we have been doing.

Wishing you continued success.

ANN S. CLARKE, Manitoba

Dear Editor:

Preparations are now being made for a reunion of all graduates of the **Cornwall General Hospital School of Nursing** to be held on August 24-25, 1962.

Many of the addresses of alumnae members are out-dated and names have been changed. We are anxious that all those reached by *The Canadian Nurse* will get in touch with us as soon as possible.

Ethel Allen, Nursing Office, Cornwall General Hospital, Cornwall, Ont.

Dear Editor:

The article in the February issue "Not my Fault but my Misfortune" reminded me somewhat of my own problem and that of others in a similar situation. It is the "aged" nurse, single or widowed, who, because of disability, can no longer cope with eight-hour duty. After completing a refresher course last fall I hoped to get some definite

work but age was against me. Some of my recent experiences have led me to the following thought — it would be wonderful if there were a home erected for nurses who are forced into retirement!

(Mrs.) F. MAE REESOR, Ontario

Dear Editor:

I look forward to receiving the magazine each month and usually read most of the articles at bedtime that same day.

Thank you for a wonderful book from cover to cover and all the hard work and thought to make it so.

NELL V. CODY, B.C.

Dear Editor:

Among your readers are many hundreds of graduates of the **McGill School for Graduate Nurses**. It might interest them to know that a history of the School is being prepared for publication, and we are especially trying to reconstruct the history and personalities of its early years. It is possible that among your readers are persons who were associated with the McGill School at that time, and who might have documents, photographs or reminiscences which would add considerably to the story of the School.

As you know, the McGill School for Graduate Nurses was established in 1920 and is one of the oldest University Schools in Canada. It has played a distinguished part in the development of higher education for nurses, and has contributed immeasurably to the profession of nursing, both in Canada and throughout the world.

We would be very happy if we could gather information or recollections from any decade of the School's history. Material should be labelled "School History" and sent to:

McGill School for Graduate Nurses,
1266 Pine Avenue, West,
Montreal 25, Que.

BARBARA R. TUNIS, Quebec

Dear Editor:

I have been scanning the Dutch equivalent of *The Canadian Nurse* and found one section that I think many of the registered nurses would find helpful and, if nothing else, very interesting if incorporated in our magazine.

This would be a listing of those throughout Canada who have passed their R.N. exams and various postgraduate courses. I realize all R.N. exams are not provincially set but I think this listing would be most helpful.

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It might also be encouraging for students reading the magazine who are hoping to see their name in print. This could be in relatively small print and listed in perhaps only one issue yearly.

I hope this suggestion will be followed through.

JILL MAXWELL, Ont.

¶ *Registration examinations are a provincial matter, the Journal is national. The Journal policy is to publish only such provincial information as has national interest or implications.* Ed.

Dear Editor:

The **Hamilton Ontario Hospital** Alumnae cordially invites its graduates to a reunion on the fiftieth anniversary of the School. It is to be held on Friday, June 29, 1962, on the hospital grounds. It includes:

1:00 P.M. Registration

2:00-4:30 P.M. A tour, especially our new building, tea to follow.

7:00 P.M. Dinner

9:00 P.M. Dance

We trust you can join us for the entire day, but if circumstances allow you to be with us for only part of it, we would appreciate knowing in advance. This will help us in planning for the dinner and dance.

If you have any photographs of nursing days, either as a student or graduate, please bring them for a display.

Please inform us of all names and addresses of graduates of your class, and this will enable us to contact everyone possible.

(Mrs.) JOYCE H. COSTLEY,
45 Nottingham Ave.,
Hamilton, Ont.

Dear Editor:

The executive of the Alumnae of the **Victoria General Hospital, Halifax**, is attempting to complete a list of names and addresses and year of graduation of all our graduates.

Graduates should send their name (maiden and married), address, and year of graduation to the **Victoria General Hospital Nurses' Alumnae Association**, c/o Mrs. J. Louise Hebb, 368 Quinpool Road, Halifax, Nova Scotia.

Dear Editor:

I would appreciate this announcement being placed in "Random Comments."

Graduates of the **Montreal General Hospital** have formed an alumnae chapter in Toronto. The secretary is Mrs. Bascom St. John, 110 Dinnick Cr., Toronto, Ont.

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MONTREAL, MAY 1962

THE SEARCHLIGHT OF INQUIRY

AS ANOTHER biennium in the history of the Canadian Nurses' Association draws to a close, it is fitting and appropriate that we should pause and review our activities and examine our accomplishments.

The President of the International Council of Nurses chose "Inquiry" as the watchword for the 1961-65 quadrennium. In the Oxford dictionary, "inquiry" is defined as "investigation, research, search for knowledge." It gives as synonyms the words: examination, interrogation, query, question, research, scrutiny, and study. Whether by design or accident I know not, but it was an interesting fact that many of the speakers at the Congress referred to these various aspects of "Inquiry" in their presentations. The speakers in the Public Relations section emphasized the need to scrutinize the *image of nursing* which we are creating. Is it the one we in the profession want it to be? Another speaker urged nurses to develop "an inquiring mind." This implies developing habits of interrogation and investigation. Others stressed the need to examine our patterns of administration, our

methods of selecting students, our standards for admission to the profession.

It is indeed true to say that the searchlight of inquiry has been turned on the profession full strength during



(Wright Studios)

E. A. ELECTA MACLENNAN

the past five years. Our own study *Spotlight on Nursing Education* tells the story of one episode in the search for knowledge. The Royal Commission on Health Services in Canada has stimulated great interest and aroused many groups outside the profession to be concerned about the problems facing nursing. We hope that it will result in action on the part of the public as well as enhance and promote our own endeavors towards improvement.

Miss Frances Beck in her presentation to the Nursing Service Section (ICN Congress) focused attention on our responsibilities for the improvement of nursing service. Our many aims by their diversity may give rise "to conflict and confusion." She warns of many dangers facing the profession "the danger of fragmentation due to specialization: the danger that nursing education may lose touch with practice: the danger of isolation to administration: the danger of poor communication within and without the profession." She pointed up the responsibility of the profession with respect to "definition and allocation of function." "Questions of category" and "questions of function" are just two of many problem areas which "must be solved on a national scale. They must be confronted by fact; this postulates investigation. The professional organization should be responsible for this type of investigation — because either no other group will assume the responsibility for such investigation or some other group *will* do so and *the effective control of the profession will pass out of the profession's hands.*" The italics are mine. We would do well to remember Francis Bacon's warning — "That which man altereth not for the better, Time, the Great Innovator, altereth for the worse."

It is a fair statement to say that the Canadian Nurses' Association is facing many of these problems in the present program of activities: the Study of the Quality of Nursing Service, the School Improvement Program, the Naegle Study of the whole field of nursing education. Cooperation and support is being given to research projects presently being conducted by other agencies, such as the Manpower

Study. Many areas remain to be investigated but we lack the personnel trained in the scientific method to undertake serious study. Also lacking is the financial support such research requires, but we are aware of our needs and are endeavoring to do something about the matter. The recently created Canadian Nurses' Foundation is one such an endeavor.

We in nursing are just beginning to realize that we must do our own investigation, that we must initiate and carry on our own research into our problems. Indeed, our efforts to date seem Lilliputian when compared to the magnitude of the task.

If we are to make progress in today's world we must have ideas, vision, and courage. These are individual things, not things produced by committees and boards. They must be possessed by the individual nurse who will make her contribution in terms of her concept of nursing as a profession. In spite of problems so evident, the vista ahead is one of promise, *but* fulfillment of that promise rests upon the shoulders of every member of the Canadian Nurses' Association — indeed, of nurses everywhere for their problems are world-wide.

If the nation's nursing needs for the future are to be met in large measure, only a long-range persistent endeavor embracing nursing service, education and research can approach the goal. Fact-finding and the dissemination of the resultant information can help to provide a sound objective basis for improvement in nursing service and nursing education.

A Kellogg Foundation report has described very vividly the "multitude of professional tasks" assigned to the profession in the following statement:

The nursing profession continues to be plagued by many difficult and perplexing problems. Despite the large number of nurses, there is an acute shortage of nursing personnel, and one of the major problems is the provision of nursing services to an expanding population without sacrificing the quality of this care.

It is the responsibility and privilege of the nursing profession to prepare faculty for schools of practical nursing, schools of nursing in hospitals, baccalaureate programs in universities and

graduate education programs to develop specialists for nursing service, nursing education and nursing research. Few other professions are faced with educational tasks of such magnitude.

Is the nursing profession equal to this task? Dare we accept the challenge implied in this statement of our situation? It is perhaps not surprising that nursing education has not improved markedly for we have never seriously taken its improvement in hand. Our system of education — of semi-apprenticeship — is in much the same position as it was 60 years ago. It is good in patches but wholly inadequate and generally unprogressive and needing, if any real advance is to be made, hard thought, exact study and methodical treatment. The nursing of tomorrow must be different from that of today if nursing hopes to keep up with the vast, rapid changes occurring in the world around us. Actual progress can be made only through a scientific approach to our problems. Nursing will make the progress that our country has a right to expect *only* if our research is established to deal effectively with the vital problems with which our profession is faced *and* if the results of the investigation and research are carried through to accomplishment.

There are certain criteria which must be fulfilled if nursing is to achieve full status as a profession. The most significant of these at this time states that "a profession constantly enlarges the body of knowledge it uses, and improves its technics of education and service by the use of the scientific method."

Nursing has behaved like the man in Mark Twain's story who spent sixteen years in jail and then opened the door which had been unlocked all the time, and walked out. Nursing is serving a needlessly long sentence from which, with a bit of earnest effort, it could escape. We are our own jailers! Are we not like the steward in the Parable of the Talents who would take no risks with his talents and was thus condemned for not making use of his opportunities?

Our problems have often been defined. We know we have the talents to achieve great things. Let us then with vision, ambition and courage help ourselves to a brighter future by opening the door marked "Inquiry."

*Men do not touch a star by digging
In the mud that murks a stream —
The stars are reached by men who,
singing,
Climb the ladder of a dream!*

E. A. ELECTA MACLENNAN, M.A.

In reference to salary figures released by the Department of National Revenue and published by newspapers, it is wise to remember that for income tax purposes this department has no category "registered nurse." RNAO has been informed that — only nurses engaged in private practice on a fee basis are listed in their professional capacity; — no nurses employed on salary are included, they are "employees" not nurses; — no distinction is made between registered professional nurses and others who may designate themselves "nurses."

Thus the figures which receive such wide publicity exclude more than 80 per cent of the registered nurses and include an unknown number of persons who are not registered nurses. If all registered nurses regularly use their proper title "Registered Nurse" on their income tax returns, perhaps the Department will come to see that a Canadian force of registered nurses, more

than 60,000 strong, is a professional group worthy of a category of its own.

The fact remains that the annual income of the professional registered nurse in Canada — while still lower than it should be — is considerably higher than \$2,367 as recently indicated by the Department of National Revenue.

RNAO News Bulletin, Vol. 17, No. 6.

* * *

Detergents should not be used as hair shampoo; they are formulated for heavier cleaning duty than washing hair.

While they may fall within the manufacturing tolerances they are likely to contain caustic ingredients which are irritating to the more sensitive areas of the skin. In using such products, one must always consider the possible damage not only to the hair and scalp but also to the eyes.

Quoted in *Health Newsletter*, Vol. 13, No. 2.

ON A DAY IN JUNE

MARGARET E. KERR, M.A.

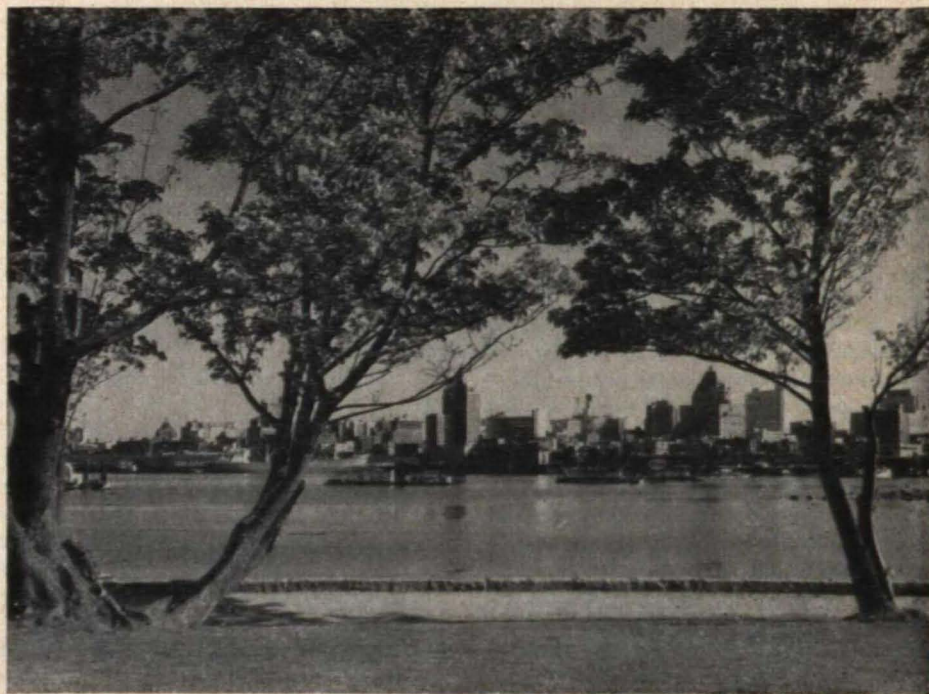
A glimpse at what is being planned for the 1962 Convention in Vancouver.

ON A DAY IN JUNE, 1962, many hundreds of Canadian nurses will arrive in Vancouver — the third largest city in Canada — to participate in the 31st biennial convention of their national organization, the Canadian Nurses' Association. Many will come by train, many by air, some will drive in their own cars. Relatively few will enter the harbor by ship.

On a day in June, 1792 a ship under the command of the man whose name the city proudly bears, Captain George Vancouver, sailed into the inlet. Though he had other important duties to perform in the area, Captain Vancouver was searching, as were so many others, for a passage between the Atlantic and the Pacific. Fourteen years earlier, Captain Cook had sailed all the way up the coast-line as far as Alaska looking for the westward end of such a passage. In 1791, Don Jose Marie Narvaez, a Spanish explorer

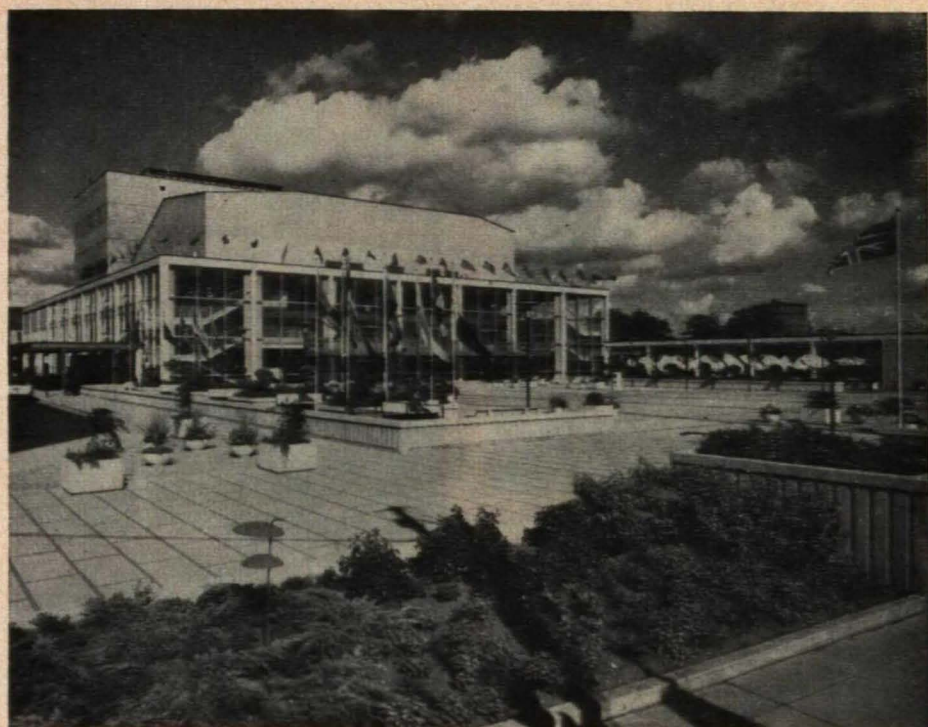
had brought his ship through the maze of gulf islands to the entrance of the outer harbor off Point Grey. The ceremony when Spain relinquished to the British all her claims to the Pacific Northwest area is commemorated by a monument on Marine Drive near the Point. That section of the shore-line is still known as Spanish Banks.

On a day in June, 1886 the young city of Vancouver, boasting a population of some 2,500 persons, was completely wiped out by a devastating fire. Undaunted, the courageous pioneers who had found safety in the boats on the waterfront, began to rebuild. When the first through train from Eastern Canada reached the west coast early in July it had already been decided that Vancouver would be the terminus of the Canadian Pacific Railway. Preparations for the construction of the first Hotel Vancouver were underway.



Vancouver skyline from Stanley Park

(C.P.R. Photo)



Queen Elizabeth Theatre

(Leonard Frank, Vancouver)

On a day in June, 1887 the first trans-Pacific passenger steamer to arrive at the port of Vancouver opened the door that has made the city one of the great seaports of the world. In 1960, the flags of 31 nations were flown in the harbor as ships of those nations carried cargoes to and from all parts of the world.

What to do in Vancouver

Convention headquarters this year is in the Queen Elizabeth Theatre, in the downtown area at the corner of Georgia and Hamilton Streets. One of the world's finest theatres, with a seating capacity of around 3000, it was officially opened by Her Majesty, the Queen in 1959. A large restaurant is attached and there is an underground parking lot for the convenience of those who have their cars.

Also within easy walking distance of the many hotels where nurses from afar will be staying are the churches where religious services will be held on Sunday evening, June 23. Saint Andrew's Wesley is the United Church on Burrard Street at Nelson. Mass will be said that evening at Holy Ros-

ary Cathedral on Dunsmuir Street. The churches of many other denominations are near at hand.

Five minutes by car from the centre of the city is world-famous Stanley Park. In 1888, following a petition by the city fathers to the federal government, the thousand-acre park was dedicated by Lord Stanley. There, one may follow footpaths through the native forest, ride on the well-kept bridle trails, swim, play golf, stroll through the gardens or listen to concerts. The grave of Pauline Johnson, the Indian poetess and author whose tales of



Stanley Park Indian village

(C.P.R. Photo)



*World famous Prospect Point
Stanley Park*

olden days bear rereading, is to be seen at Third Beach. Take your camera with you to Lumberman's Arch to photograph the Totem Poles that are native to that part of the world.



Penguin Pool, Stanley Park

Lion's Gate Bridge, at the entrance to the harbor, carries traffic from the city, across Stanley Park, to the North Shore areas. A short drive up to the chairlift on Grouse Mountain and in minutes the visitor will be some 3800 feet above sea level with a breathtaking, panoramic view of the lower mainland.

Queen Elizabeth Park on Little Mountain, besides providing an interesting view over the city with the mountains for a magnificent backdrop, has a beautiful arboretum with many coastal trees and shrubs interspersed with lawns and flower gardens.

The campus of the University of

British Columbia, eight miles from the centre of the city at the western extremity of Point Grey, has so many beautiful new buildings that those who lived out there during the 1950 CNA convention will scarcely recognize the place. Only the view up Howe Sound remains unchanged.



Lion's Gate Bridge

The Art Gallery, the B.C. Electric Building, Chinatown, interesting places to eat, shopping areas — there is no room to write about them all. Literature on all of the many points of interest will be available at the time of registration.



Interesting places to eat

Variety Show

The Registered Nurses' Association of British Columbia is pleased to present an evening of entertainment on Tuesday, June 25. To those who live in British Columbia, the name JOHN EMERSON means entertainment. He has been associated with the theatre for thirty years, during and since his uni-



JOHN EMERSON

versity days. He acts, plays the piano and violin, has a company of singers which is extremely successful, reads poetry on the C.B.C. and conducts light music, also assists and produces shows.

We are very fortunate to have Mr. Emerson produce this show for us. He will present some of our finest young

artists and they will be seen at their best in the program he has arranged. The first half will be a concert version of "My Fair Lady," the second will consist of selections from "Kiss Me Kate," folk songs and violin selections.

A word about the artists — first, the lovely and talented BETTY PHILIPS, who is perhaps the best known. She has appeared on many television shows as a singer, interviewer and panelist. Betty began her career in the chorus of Theatre Under the Stars "Floradora" and has since starred in many of their biggest successes. More recently she has been heard in opera both in Vancouver and in Seattle.

Beautiful and versatile NORA HALIDAY also began her career with Theatre Under the Stars and has gone on to leading roles with them, in opera and in television. As a member of the John Emerson singers she is kept busy singing, on tour and in the city.

KARL NORMAN the third member of the group, is a very fine tenor, famous for his leading and supporting roles in Theatre Under the Stars and opera. He is also manager now of the Van-



Vancouver viewed from Little Mountain

(C.P.R. Photo)

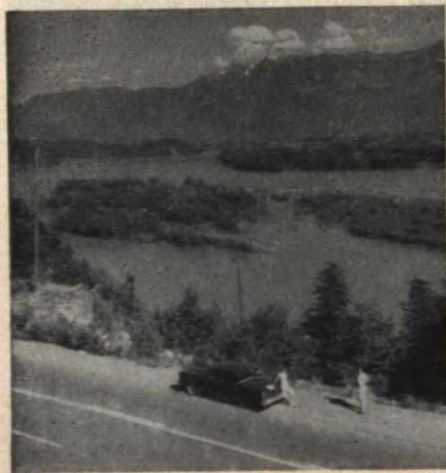


(Gade of Baron Studios, Vancouver)
BETTY PHILLIPS

couver Opera Society, for which position he has a great deal of training and ability.

ROSS LAIDLEY has a background of extensive work with many choirs in the city. He, too, has sung with Theatre Under the Stars and the operatic society.

Last but not least we are privileged to have ARTHUR POLSON, a young Canadian violinist who has been acclaimed as a first rank, mature artist. He has not only played with the Vancouver Symphony Orchestra for the past several years but has appeared with great distinction as soloist. He has made successive tours of Canada and the United States as well as numerous C.B.C. radio, and television



Near Harrison Hot Springs

appearances. Interested in composition, he has already completed some 40 chamber and orchestral works.

This should all add up to an evening of pleasure and relaxation which will long be remembered by all who attend.

Description of Tours

The afternoon of *Wednesday, June 27* is set aside as free time. To enable as many visitors as possible to catch glimpses of the natural beauties that surround Vancouver, the RNABC has arranged some interesting tours.

Tour I Harrison Hot Springs: Two hours by bus from Vancouver. The route will follow the scenic north shore of the Fraser River to Harrison Hot Springs Hotel, situated on the shores of Harrison Lake. Dinner will be served in "Caesar's Forum" at the Hotel. There will be time to enjoy the rugged mountain scenery surrounding the lake or to visit the gardens and mineral springs on the Hotel grounds.



Maritime Museum, Kitsilano Beach

Tour II City of Vancouver: The two-hour bus trip will include such scenic spots as Queen Elizabeth Arboretum, University of British Columbia campus, city beaches, Stanley Park, and residential areas. Before returning to your hotel you will cross Burrard Inlet on the Lion's Gate Bridge to enjoy a Smorgasbord dinner at the lovely Capilano Gardens.

Tour III Squamish: A bus trip via the Upper Levels highway to Horseshoe Bay and north along the shores of Howe Sound to Squamish. On the return trip you will stop at scenic view points to enjoy the spectacular outlook and to take pictures if you wish. A Smorgasbord dinner will be



Beauty unlimited — Butchart Gardens

served at the Gleneagles Golf Club overlooking the Straits of Georgia. After dinner you will return to Vancouver on Marine Drive passing Fisherman's Cove and some beautiful seashore residences.

Tour IV Burrard Inlet Cruise: During the cruise you will travel through sheltered Burrard Inlet, under the new Second Narrows Bridge and into the spectacular scenery of Indian Arm. You will have an opportunity to view some of the waterfront summer homes as well as some of Vancouver's industries. On your return you will sail into Vancouver Harbor to dock in downtown Vancouver at the beautiful Bayshore Inn. Something special is being arranged for dinner.

The cost per person will range from approximately \$5.50 to \$6.85, inclusive of dinner, depending upon which tour you choose. Sign up for the one that appeals to you most as soon as possible after you have visited the registration desk in Vancouver, for each tour is limited to around 250 people.

Victoria's Day

The Greater Victoria District of the RNABC invites nurses attending the

Biennial meeting, to go to Victoria on June 30. The following program is planned:

Saturday morning — free for travelling from Vancouver to Victoria, for shopping or for visits to local points of interest, such as Royal London Wax Museum; authentic replica of William Shakespeare's birthplace and his wife Anne's thatched cottage and gardens; the Maritime Museum of B.C.

Saturday afternoon — Garden Tea at Government House at 3:30 P.M., given by His Honor, Lieutenant Governor G. R. Pearkes and his wife. Transportation will be provided from the Empress Hotel and central points.

Saturday evening — Night tour of Butchart Gardens and an outdoor concert. The tour will include downtown Victoria, part of Beach Drive and the world famous Gardens with the largest night illumination of this type on the North American continent. The cost of the tour is approximately \$4.25.

Tourist facilities will be heavily taxed due to people travelling to and from Seattle World Fair. Please make your reservations at hotels and motels early if you plan to stay in Victoria. Consult your local travel agencies for

overnight accommodations. If you wish to retain your hotel reservations in Vancouver, buses will take you from Butchart Gardens to Air lines and Ferry Terminals in time to get transportation back to the mainland on Saturday night.

For nurses planning the trip, a Victoria Centennial and Century 21 Accommodation Bureau is located at 814 Wharf Street, Victoria.

Tickets for the conducted tour to Butchart Gardens will be on sale at the Information Booth at the Queen Elizabeth Theatre during convention week. There is no limit to the number who may attend but tickets must be purchased in advance. If you have your own transportation the admission to the Gardens is \$1.25.

Nurses planning to attend the Garden Tea at Government House must register at the booth by Tuesday evening as Lieutenant Governor G. R. Pearkes and Mrs. Pearkes are issuing individual invitations.

There will be information regarding local tours, shopping, meals and alternate travel routes to Victoria, at the booth.

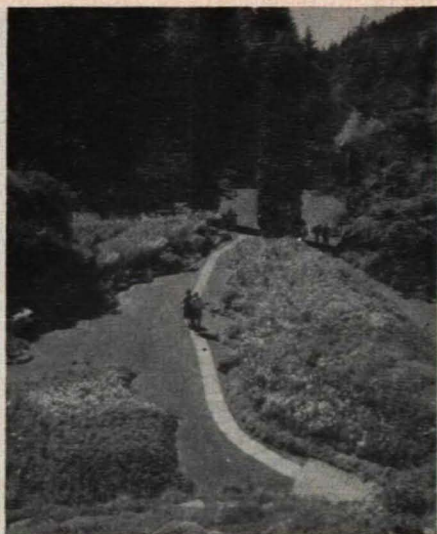
If you are travelling west by T.C.A.,

A FINAL REMINDER

Recently, with just two days' warning, the price of a quart of milk in Montreal was increased by two cents. While milk is not an essential constituent in the printing of our *Journal*, the increase in price is typical of every aspect of office expense and administration. This steady rise in costs finally forced the Journal Board to revise the price of subscriptions to *The Canadian Nurse*.

May 31 is the final date on which subscriptions may be accepted at the old rates that have been in effect since October, 1947. Any current subscriptions will be extended for a period of two years upon the receipt of the payment of \$5.00, providing the letter is postmarked not later than May 31, 1962. If you have been meaning to subscribe and have just neglected to forward your subscription, get it into the mail immediately.

Beginning on June 1, subscriptions paid at the old rates will be adjusted as follows: 9 months if the payment is \$3.00; 17 months if \$5.00. Proportionately shorter periods will



Tranquility — Butchart Gardens

purchase your ticket to Victoria instead of just to Vancouver. The price is the same. There will be hourly service from Vancouver to Victoria via Air Lines and Provincial Government Ferries.

Except as noted, the photographs were supplied by the Canadian Government Travel Bureau.

be provided for subscriptions at the old rates from foreign countries.

The new rates that become effective on June 1, 1962 are:

Subscriptions in Canada and Bermuda:

Six months \$2.25, one year \$4.00, two years \$7.00.

Special rate for student nurses' personal subscriptions:

One year \$3.00, three years \$7.00.

Subscriptions to the United States and other foreign countries:

One year \$4.50, two years \$8.00.

Joint subscriptions to *The Canadian Nurse* and either *The American Journal of Nursing* or *Nursing Outlook* are available to Canadian nurses at \$10.00 per year. If your subscription is included in your provincial membership fee, we suggest that you subscribe directly to the American Journal of Nursing Company, 10 Columbus Circle, New York 19, N.Y. The rate for either of these publications separately is: \$6.00 per year, \$10.00 for two years.

ARTIFICIAL RESPIRATION

C. R. BLACKSTOCK

Two years' experience with the mouth-to-mouth or the mouth-to-nose method is considered.

THE CANADIAN RED CROSS SOCIETY in May 1960 approved the teaching of the mouth-to-mouth method of artificial respiration to those taking Red Cross training in Nursing, First Aid and Water Safety. This method was to be in addition to the manual methods which have been taught, i.e., Schafer and Holger-Nielsen.

Before including it, an *ad hoc* committee of medical experts under the chairmanship of Dr. J. T. Phair, Honorary Advisor on Public Health, studied the effectiveness of the method and became convinced that the direct method could be taught to lay people and practised without the use of instruments or gadgets.

Once accepted as one of the methods to be taught, Red Cross undertook to develop a teaching technique. Using the experience of the Royal Life Saving Society, which had had considerable experience with it, Red Cross developed the technique described.

Red Cross has met with no serious difficulties or problems during the time this method has been taught. It is taught in all provinces now in both the Pupil Training Courses and the Instructor Training Courses in Water Safety, also in First Aid and Home Nursing courses.

We have endeavored to keep ourselves informed of new developments in connection with this method. Much study and experimentation is being carried on in several countries. For instance, it now seems quite evident that mouth-to-nose insufflation is to be preferred to mouth-to-mouth. The former reduces the pressure of ingoing air, which in turn reduces the chance of air going into the stomach.

From our field experience we can report that the method can be taught to lay people. In most cases they are quite ready for it. We do know that the teaching must be matter-of-fact and unemotional.

There are two films which are very useful. The first of these, produced

in Canada, "That They May Live"¹, is an excellent educational aid showing the many situations in which the method can be applied quickly and effectively. The second,² produced by Health Research, Inc. Buffalo, N.Y., focused on teaching techniques for mouth-to-mouth and mouth-to-nose.

Perhaps the most important aspects of all this re-study of methods of artificial respiration are the re-emphasis on getting started with a method immediately and making sure that the airway is open.

Red Cross will be interested to receive reports from the nurses' associations of experiences members have had in presenting and teaching the method to lay people. By pooling experience and knowledge gained, we can improve and refine our teaching techniques.

From comments made by people in other countries, Canada is well in the forefront in reaching the public with the knowledge and skill necessary for the successful performance of this method.

Teaching Method

Method used:

Head Tilt Mouth-to-Mouth or Mouth-to-Nose.

Equipment:

Handkerchief or sterile gauze squares (to cover mouth of victim) optional.

Theory:

1. Anatomy and physiology of breathing, with emphasis on maintaining an open airway.
2. Application of the method in different accident cases.
3. Efficiency of the method compared to manual method.
4. Explanation and demonstration using an assistant as the victim.

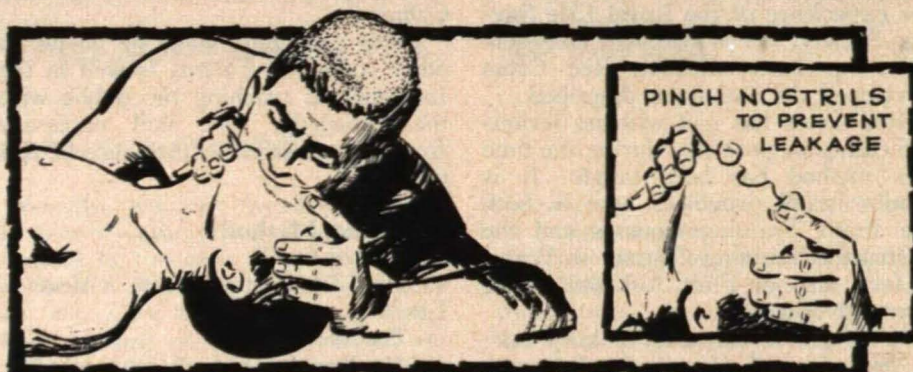
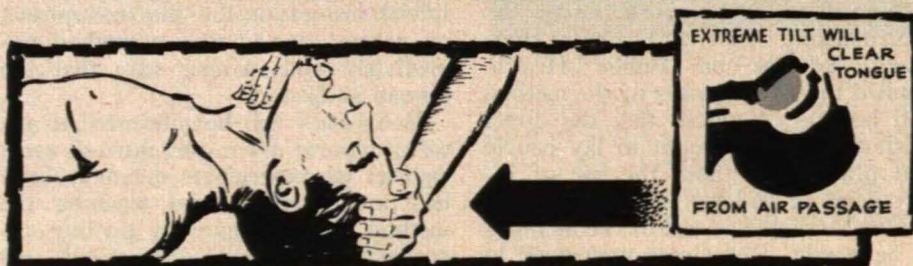
Practice:

1. Pupils suffering from colds or sore throat are asked to observe but not to participate.
2. Homogeneous groups are formed (age, sex).

3. Pupils choose their own partners. Those who are not chosen are not asked to participate.

4. Number in *twos* — No. ONE is the victim, No. TWO is the operator.
5. Operator practises the tilting of

MOUTH TO MOUTH BREATHING



....PLACE MOUTH TIGHTLY OVER SUBJECT'S MOUTH.... BLOW IN



ADULTS: A BIG BREATH, 12 TIMES A MINUTE

CHILDREN: A SMALL BREATH, 16 TIMES A MINUTE

the head, two or three times, with correction by instructor.

6. Training of victim — the victim is asked to exhale completely. When she feels the need for air, she taps the operator on the shoulder.

First practice of insufflation:

7. The operator supports the chin, blocks the nose, seals his lips around the victim's mouth and blows until he sees the chest rise. He then lets the victim exhale and waits for the signal to continue. Repeat at least ten times continuously.

8. *Reverse positions:* No. ONES become operators and No. TWOS victims. Repeat items 5-6-7.

Second practice of insufflation:

9. The victims are asked to resist if they feel that the head is not tilted or the chin not supported. The operators must correct the position.

References

1. Pyramid Film Producers, 1726 West 60th Avenue, Vancouver 14, B.C.
2. "Resuscitation from Drowning" available from Health Research Inc., 666 North Elm Street, Buffalo 3, N.Y.

An Over-view of IN-SERVICE EDUCATION

E. MARIE SEWELL, B.N.

A statement of the general principles underlying a staff education program.

If we can keep alive in our groups the desire to do, to learn, and to improve in their work; to be happy in their doing, learning and improving; and to have a vision without which any people perish, we shall then have done a worthwhile task.*

THIRTY ODD YEARS AGO, the above statement was published in an article on staff education. Today, as then, the same goal applies for any well-planned staff educational program. What has been done in the intervening years? Have we progressed very far? Have we accepted the principle that basic knowledge in any discipline is only the beginning of further education? Have we provided our staffs with the atmosphere and the stimulation to develop interest in their own growth and development?

The need for further development of hospital personnel has been seen for many years. Because of the turnover of staff, of the mobility of the nursing population from one continent to another, let alone from province to

province, because newer techniques are adapted more quickly and because of the necessity for the worker to see herself in relation to the job and the agency's goal of better patient care, some type of a formal program must be part of every nursing service.

In-service is the process of growing or learning while "in service" or on the job. To succeed in one's chosen work, one must grow in that work. This requires active participation on the part of the worker. It is the responsibility of the employing agency to provide opportunities for such growth and development; to keep their staff aware of current trends in nursing education and nursing service; and to furnish opportunities for leadership training.

What then are some of the objectives of an in-service program?

1. To provide for and promote the professional growth and development of the worker.
2. To stimulate and develop interest in the occupation.
3. To provide for job satisfactions of the individual who then sees her role within the limits of the goals of the total organization.

* Katherine Densford. Staff Education In-Service. *Amer. J. Nurs.*, Oct., 1929, p. 1239.

What will be the results of a planned educational program?

1. Better patient care, because the job is known.

2. Decrease in turnover of staff. This may not be evident for some years. It takes time to build up a nucleus of permanent staff who will or should be able to give leadership as a result of such a program.

3. Better public relations. Patients have a feeling of security because this is related back to them by the nurse who is secure in her role.

4. Better work effectiveness since this is dependent on personal satisfactions.

In-service is viewed by some people as one segment of staff education while to others it embraces the total program of the organization. Whichever point of view is accepted, the final goal is the same. In-service is not a program. It is a concept to assist the worker to develop the skills necessary to reach the ultimate goals of nursing service, that is, the highest quality of patient care.

The program embracing this concept must be dynamic, based on the individual needs of the hospital; it must be flexible, not static since the social climate changes every day. Why should the same program be presented year after year? There will be short-term and long-term objectives of the program. The program will need to be continually evaluated in terms of the stated objectives to see if the goals are being met.

Who is responsible for the in-service program?

Before such an organized program is undertaken, there are certain prerequisites that have to be met. First, a person who has no other responsibilities should be put in charge. Before this person is appointed, there are personal and professional qualities to be evaluated. By virtue of the appointment, one may conclude that the administration (hospital and nursing) supports the program.

Second, where are meetings to be held? Are there facilities available whenever needed? How much time is to be allowed for this program? What percentage of a new employee's time can be allotted for orientation? When

are new staff appointed — whenever they are available or on a set day? Will their time off duty coincide with the program, or will they not be available because they are off duty? How long are they on day duty before they are posted to night duty? When these problems are settled, one moves into the area of program planning.

The program for staff education should be one that will contribute to the over-all improvement of patient care. What is needed? Is the staff composed of your own graduates or are they graduates of other countries, other schools? Do you have to develop a homogeneous group with a heterogeneous background? Are these new graduates who have to learn skills of leadership and skills in human relations? Any staff education program must be individual, based on the needs of that particular hospital or agency. The director of the program will always keep her ear to the ground and add here and delete there as the need arises.

General learning principles predicate, first, that learning takes place when any subject is given in small, concentrated pieces. An orientation program that takes place over a period of days is much more effective than the same number of hours spent in one or two days. Second, that the learner must participate to learn. Learning is not passive so periods of activity should be interspersed with periods of conference. The same information may be given at various times and in various ways. The first time, it is factual; the next time it will be recalled along with other new information. Evaluate the program by inviting comments from the participants and their supervisors. Use check lists to spot weak areas. The director should evaluate her own performance. Is she meeting her own objectives?

In summary, it is the duty of any employing agency to provide for the education of their workers in order that the highest quality of service will be practised in the organization. To do this provision is made for staff education, based on principles of general education through a variety of methods, that will result in the growth and development of the workers.

A Familiar Process in a New Dress

PATRICIA S. B. ANDERSON, B.S.N.

Nursing in-service education is a method whereby learning activities on the job have been organized in an economical way according to the principles of learning.

"TODAY'S SKILLS will become tomorrow's inadequacies." The nurse has always had this threat in front of her. She has always learned as she worked in an informal, incidental way, but today we dress this process up and call it "in-service education," which simply means an organized activity whereby the nurse may learn on the job to give better patient care according to the objectives of the particular institution. The third statement of the International Code of Ethics makes this duty clear to us all. "The nurse must not only be well prepared to practise but must maintain her knowledge and skill at a consistently high level."

The need for such professional growth is becoming more and more acute. The work-list of diagnostic tests on an intensive care unit indicates the accumulation of scientific and technical knowledge a nurse needs to have. Her role is broader than it was a few years ago. The introduction of auxiliary personnel has changed her functions and activities. Hospitals have become exceedingly complex organizations and the nurse needs to understand the principles by which they run. All of these factors emphasize the pressing need to help her keep up with the changing demands of nursing.

Nursing in-service education is a process that is continuous with the nurse's previous learning experiences. It must be consistent with sound educational principles. This article looks at the application of three of these principles — determining learning needs, creating a learning environment, and providing for evaluation.

Determining Learning Needs

The objectives of in-service education must be in line with the overall objectives of the institution and the expressed and observed learning needs of the nurses. The two major indicators of learning needs are: the

development of new practices; symptoms of problems.

Records are useful in determining the patterns of learning needs at the ward, department, or hospital level. There may be an increase in the number of accidents to patients or to staff. Medication errors may indicate a poor understanding of procedures designed to protect the patient. Wastage or breakage records may show the need for further interpretation. A high staff turnover may be indicative of low morale. Formal performance records may bring to light certain shortcomings. The observation of patterns of care during ward rounds, the type of patients, the type of treatments and medications, the use of new pieces of equipment, as well as of the *feeling* of the ward provide clues to what is needed. Perhaps the functioning of administration will indicate management training needs.

The in-service education coordinator cannot observe or trace all of these symptoms. She is dependent upon communication from the nursing administration, supervisors, head nurses, nursing committees, and heads of other departments. She does not relieve them of their problem-solving responsibilities. However, she can help plan programs to meet the learning needs.

Creating a Learning Environment

A clarification of the philosophy of learning is important in order to plan learning experiences which are based on educational principles. Educational thinkers currently believe that the learner must be actively involved in the learning process before a change of behavior can be expected. Motivation of the learner and the promotion of changes in the environment are two primary components in an effective teaching situation.

Motivation is determined by conditions within the learner — "A state or set of an individual which disposes

him toward certain behavior and to seek certain goals." The needs and desires, the interests and attitudes are patterns of response that predispose the individual to certain behavior. These patterns can be changed by the learning process. Sociological pressures, especially group pressures, are significant in changing interests and attitudes, particularly in the late teens and early twenties.

These conditions in the learner may result in activity towards goals that are at variance with the teacher's. It is important to bring these purposes as close together as possible. The goals should be realistic and must make sense to the learner. Short-term objectives should be coordinated with long-term goals, which tend to be expressed in more philosophical terms. The whole learning process must give the learner either intrinsic or extrinsic satisfaction. Intrinsic satisfaction comes from the activity related to the task; extrinsic satisfaction is an artificial relationship where the reward comes from some factor outside the learning situation. Intrinsic satisfaction is more effective in stimulating learning.

Sociogenic pressures, an important factor in motivating the young nurse, are always present. Therefore, group attitude and interest are very important to effective planning. Social psychologists tell us that the attitude and interest of the leader is extremely influential on the response of those within any group. The leaders in the hospital are the administration, the head nurses and the unofficial leaders among the general duty nurses. We must first convince them of the value and importance of in-service education.

How can we convert the leaders? One way is to describe experiences of other groups, both verbally and by reference to reports in journals. Satisfying learning experiences are a more valuable method. The use of monetary and status awards for successful participation in these activities might be considered. By working through an interested few an aura of enthusiasm can be created and enthusiasm is infectious. The relationship of the long-term philosophical objectives with administration's over-all planning will interest them. If short-term, obtainable results are evaluated

quantitatively, they will speak loudly in our materialistic age.

In-service education assumes that adults have an inherent self-will. This activity cannot be successful unless it takes place in an environment that promotes both change and security. Change will not take place during periods of tension and overt attack. The learners must feel secure in their environment. They must even have the freedom to fail! Through careful planning, the in-service coordinator can help to create an environment which promotes rational change without endangering job security.

Providing for Evaluation

Inherent in any educational process is continuous evaluation of the effectiveness of the teaching activity. Most commonly, the method is to quote the number participating in the program. If attendance is voluntary this gives some indication of the interest of the staff. A questionnaire can also help to determine interest since the percentage of these returned by participants serves as a guide. In addition, unsolicited comments will reveal the areas of learning in which the staff is particularly interested. These may not necessarily be in the area of learning need. The over-all attitude toward in-service education gleaned over the coffee table and at informal contacts is frequently more valuable than formal reports. However, the level of interest cannot be correlated with the amount of change of behavior, the true measurement of learning. We need other methods of evaluation to determine that desired change has occurred.

The objective of in-service education is to promote better patient care. This implies a qualitative evaluation. The specific objectives of the program should be based on the particular symptoms of the institution's needs. An in-service education activity designed to cure a particular problem can be evaluated by a follow-up study. Complete records of performance evaluation, accidents, wastage and breakages, medication errors and turnover may all be used.

Evidence of smoother administration indicates results on a functional level. All the staff have a better understanding of their own roles; of their

own functions and those of their co-workers. Therefore, they are able to develop a more effective working relationship. If the nurse has adequate equipment and supplies for the job she is expected to do and staffing is planned ahead to meet the particular needs of the patients, the morale of the area will be high.

The evaluation of the nursing in-service education process is difficult but not impossible. Qualitative change is harder to measure than quantitative. The coordinator should plan with the rest of the nursing staff to analyze the criteria for improved nursing care

and use the instruments devised. In-service education then will be meaningful.

Dr. Martha E. Rogers, of the Department of Nursing Education, New York University, said at a National League for Nursing Institute on In-service Education, "Where attainable knowledge could have changed this issue, ignorance has the taint of vice." It is the duty of the profession and the institution to provide for learning opportunities at a post-basic level and to participate enthusiastically in these activities designed to help nurses give better care to their patients.

ORIENTATION

F. JEAN BULLER, B.S.C. and STELLA M. McDONALD, B.S.C.N.

Orientation is an individual process to each hospital, but the fundamental structure and objectives are basically similar.

AN ORIENTATION PROGRAM sets the stage for the period of association between the hospital and the nursing employee. Such programs meet the need of the new staff member to find her place in the particular work setting, to learn assigned work functions and how these contribute to fulfilling the purpose of the hospital.

It is during the initial period of employment that the employee develops attitudes, based upon her reactions to the hospital and its personnel, which set the climate of her employment. At this time, feelings are often more important than information. Information may be clarified later; adverse reactions are difficult to erase.

Orientation is not a new concept. Ever since the first man had a "job," he has worked for and with others. While the whole pattern of employment has changed through the years, people still experience fears and apprehension when placed in new situations, with new surroundings and new faces. With help and proper guidance, they can adjust to new positions with a minimum of fear and earlier fulfillment of their full potential.

Hospitals are at the service of the community. For this reason they cannot risk having unprepared personnel caring for patients. Both the patient and the new employee are protected through an orientation program. Evidence shows that where such a program is available, the new employee has greater job satisfaction, is more quickly integrated into hospital functions, is a happier person, and is able to provide the type of nursing care which directors of nursing appreciate.

In planning an orientation program, the coordinator should:

- Be guided by the philosophy of the hospital and in-service education process.

- Seek the needs of hospital departments and organize a plan to meet these needs.

- Utilize available resources to carry out the plan.

- Provide effective channels of communication.

Well thought out objectives must be outlined initially in order to:

- Shorten the time needed to fit nurses into new work;

- give information to help develop nurses' skills and patients' confidence;

- minimize confusion, misinterpretation,

mistakes, learning by trial and error, the passing of incorrect information from old to new staff members;

foster the feeling of belonging to the institution and promote acceptance by the group;

provide assistance in solving problems;

help administrative personnel become acquainted quickly with the new employee's aptitudes, skills, personality and training needs.

The orientation content should be built around the individual's learning needs. These would vary considerably with the different categories of staff, amount of previous experience, training, and general educational background. The needs must then be translated into teachable subject matter or activities.

The identification process would involve conferences, surveys and job analyses. Administration might suggest content in areas where they see the greatest need. A survey of new personnel might offer content material needed to orient these staff members and those to follow. Two survey tools that might be used are the "open end"

and "closed" questionnaire. Each of these has advantages and disadvantages. Open end questionnaires would be more helpful in setting up a new program by getting reactions and suggestions from previous staff; closed questionnaires would be more helpful in modifying an existing program.

The coordinator should have a deep understanding of human relations. She and the director of nursing should work together in planning skill training content and develop a teaching guide which would include the important steps and key points for each of the classes in the entire orientation program. These points should be reviewed frequently and kept up-to-date. Training should include not only the acquisition of manual skills but also the deeper, more intangible abilities, such as teaching a new supervisor how to correct an employee. The value of visual aids should not be overlooked.

The content and length of the program will depend on the size and complexity of the agency, as well as on the previous experience of the new staff members.

IN THE GOOD OLD DAYS

(*The Canadian Nurse* — MAY, 1922)

Nursing organizations should express in a *wholesale* way what the individual members stand for in a *retail* way.

* * *

Private patients are no longer willing to be satisfied with the divided attention of pupil nurses. As individuals they have become extravagant and self-indulgent (characteristic of the times). They demand the individual attention of graduate nurses. This fact, to a great extent, may be considered one of the underlying causes for the seeming shortage of nurses.

* * *

Disease and sickness are not expenses that come with regularity like taxes, rent and food. They strike here and there, but owing to the philanthropic fog that clouds our financial intellects, few people make any provision for their coming. If a man loses his house by fire and has no insurance, he is chided by his neighbors for being a fool. But let him have

the expense of a serious operation or a severe illness, it is treated as an act of God, the probability of which apparently no human wisdom could possibly have foreseen! There is no systematic effort to find out what it costs to provide adequate care nor to offer that man insurance against that cost.

* * *

One of the most valuable outcomes of the care provided by the military medical service was the demonstration of the value of nitrous oxide anesthesia in operations upon wounded soldiers.

Nine-day summer cruises from Vancouver to Skagway, Alaska have been scheduled by the Canadian National Steamships. Thirteen sailings on the *S. S. Prince George* will take place from May 21 to Sept. 7.

CN News

In-service Education: Its Application

IN A GENERAL HOSPITAL

CAROLINE S. DAUK

An increasing tempo of activity in all aspects of patient care is leading to expansion and vitalization of in-service education programs.

Introduction

THE SIZE AND ORGANIZATION of the hospital, its range of services, the number and qualifications of its nursing staff and other categories of personnel are some factors which determine the organizational pattern in-service education will take. In the University Hospital in Saskatoon, the major responsibility for various in-service education programs has been delegated to one person, but supervisors and head nurses retain the prerogative and responsibility for the development of the staff of their own service areas.

Component Parts

The in-service education program emphasizes three areas: orientation, on-the-job or skill training, and staff development, which includes preparation for leadership and continuing education. Essential prerequisites for developing these programs are: written job descriptions for all levels of nursing personnel, clearly-defined lines of communication, up-to-date policy and procedure manuals, and effective interpretation of the central and immediate objectives of the program.

Orientation

The nursing service department has always placed particular emphasis on the orientation program. New personnel and the administrative staff regard the orientation period as a mutually-rewarding experience. This is largely so because a planned introduction to the hospital and its services enables the recently-employed graduate nurse and auxiliary nursing staff to give good nursing care more quickly and safely.

Our orientation programs differ since various levels of personnel require different kinds of information.

Learning experiences are planned for each group and, as necessary, for individuals. A common core of content is adapted to meet specific needs. Major components of this common core are:

- a. Introduction to the philosophy, organization and policies of the hospital in general and of the nursing service in particular;
- b. general appreciation of inter- and intra-departmental relationships;
- c. knowledge of procedures and policies common to all clinical areas;
- d. understanding of job descriptions and,
- e. where necessary, additional instructions to improve technical skills and abilities.

The coordination of classroom and ward teaching with practice and the participation of senior departmental personnel greatly facilitates achievement of the aim of orientation. The length of time that the total process may take is determined by the individual's preservice education and experience; it may continue for weeks or months in the actual work situation under the guidance of the supervisor and head nurse.

On-the-job Training

On-the-job training has been initiated for several groups who have not had preservice training. Ward aides, orderlies and ward clerks have been prepared to function effectively as members of the ward's staff. The programs vary in length, for example, a course for orderlies lasts six months while the ward aide can be prepared in a much shorter period. Concurrent classroom teaching and ward experience hasten and strengthen the learning process. Each of these training courses adheres to the principle that

the trainee is under the supervision and guidance of the coordinator of the program and is supernumerary to the ward staff.

Continuing Education

Fostering a greater understanding of the role which the graduate nurse is to assume is accepted as a function of the nursing service department. The motivation and opportunity for continuing professional growth through increased knowledge, and improvement of skills and technical ability are inherent in our hospital environment. Nurturing skills in human relationships, improving the art of patient teaching, appreciating trends and newer concepts of patient care, acquiring new skills as techniques and equipment change, and increasing knowledge and understanding of clinical nursing are some of the areas in which nurses require additional education. The following are examples of programs presented at the University Hospital:

1. A series of five presentations on the care and specific problems related to nursing patients with various cardiac conditions.
2. A panel discussion on the place of the psychiatric unit in a general hospital.
3. Continuing demonstration on various aspects of rehabilitative care.
4. Workshops on team leadership.
5. Demonstration classes for reviewing or learning nursing techniques necessary for such procedures or equipment as intravenous therapy, tracheotomy care, hot packs and respirators.

Although such programs may be centrally organized, the supervisors arrange for additional learning opportunities on their own wards, through

conferences, special lectures, films, demonstrations and by supporting studies related to nursing care of their patients. The promotion of skills which strengthen the administrative aspects of patient care forms an integral part of supervisor and head nurse meetings. The close relationship with the School of Nursing of the University of Saskatchewan with all its resources, opportunities, and stimulation, provides incentive to the in-service education program and encourages nurses to pursue academic studies.

Auxiliary Staff

Programs are also arranged for each category of the auxiliary staff. Ward clerks have films and talks on the duties of the clerk-receptionist and the effective use of the telephone; nursing assistants attend classes to review nursing procedures and to practise the skills necessary to carry out their responsibilities; the orderlies have regular meetings which allow for discussion and demonstration of their tasks and activities in the provision of nursing care. All auxiliary nursing personnel are encouraged to attend classes on general topics such as rehabilitative measures, control of infection, fire protection, body mechanics, etc.

Limitations

The scope of this paper does not permit a discussion of participation, motivation, evaluation and other elements of the program in a general hospital. Instead, an attempt has been made to illustrate the many facets of an in-service education program which is geared to help various categories of nursing personnel to realize their potential for service to patients.

The Interamerican University located in Saltillo, Mexico has courses in a variety of departments. Credits toward B.A., M.A. and Ph.D. degrees are accepted in Canadian and American universities. The all-inclusive prices are \$90 for two weeks, \$270 for six weeks and \$425 for ten weeks. This includes room and board in a private home, tuition, books, private tutor for three hours daily and university activities. The pool and all other facilities of the new Parque Azteca

Motel, near Saltillo, are for the use of all Interamerican University students. Rates at the Motel are \$15 per week more than those previously mentioned. For further information write for the University catalogue: Interamerican University, Apartado No. 255, Saltillo, Coah., Mexico.

* * *

Along with everything else the facilities for getting into trouble have greatly improved.

IN A TUBERCULOSIS HOSPITAL

MADGE McKILLOP, B.N.

Each institution has its own needs when it comes to planning an in-service education program.

THIS INSTITUTION consists of a hospital for the treatment of tuberculosis and non-tuberculous chest diseases, and a public health department with its own staff of visiting nurses which includes a clinic for the medical and nursing supervision of patients and their families on an out-patient basis. In addition to the usual aims of any in-service program, this institution's program has three further aims:

1. To introduce new staff to this special field and to keep all staff abreast of new developments;
2. to integrate public health and hospital aspects of nursing care;
3. to keep all staff up-to-date on general developments in nursing.

With these aims in mind, we have developed a program in which the hospital and public health staffs participate jointly after their initial orientation period. The teaching department has been given the responsibility of over-all planning and carrying out of the project.

Introductory Period

When a new member joins the staff, an educational record is started for her and becomes a part of her permanent record. For the first two weeks, she is responsible to the teaching department for her assignments and introduction to the institution. Since only an introduction is possible in this period, at the end of that time the teacher reports to the supervisory staff what has been taught and points out any areas that may need particular attention. Although the on-the-job teaching and supervision are the responsibility of the nurse's immediate supervisor, the teaching staff is available to give special help if needed. In addition, public health staff who do not have experience in tuberculosis, have one month's experience in the hospital with attendance at classes, conferences and ward rounds; senior hospital personnel have a period of orientation to

the work of the public health nurse.

Monthly Conferences

As well as this introductory period, plans are made for various educational activities. We have what we call a "nursing conference" once a month, from September to June. The conferences may take many forms, depending on the interests and special needs of the group. The staff is asked to make suggestions of areas that they would like included in the educational activities and the teaching department makes the arrangements. We try to ensure that the subject will be of interest to both hospital and public health staffs although it is not always possible to make it equally so. We also try to involve the staff as actively as possible although we also call on other departments or ask an expert from outside the hospital for assistance.

New Projects

In the past year, we have started two new projects. The first is carried out entirely by the nurses. A patient on one of the wards is chosen as the subject for discussion. The public health nurse who visits in the home presents a short résumé of the family: their acceptance of the diagnosis, social and economic conditions, and any special problems that may exist. One member of the ward staff does the same in presenting an outline of the patient's time in hospital: his treatment, adjustment to hospital, teaching needs, and nursing care plan. The group then discusses how we, as nurses, might work with this particular family. From these discussions, the staff has a better understanding of this particular family's needs. General needs also are often crystallized and recommendations made for their further investigation or planning.

The second project is being carried on with the help of the psychiatrist. Like most long-term patients, those with tuberculosis often have

emotional problems and it requires a great deal of understanding and support on the part of the nursing staff to help them. Many nurses are not qualified to do this. To try to help the staff work with these patients, the psychiatrist has planned regular open

meetings with both hospital and public health nurses. They are encouraged to discuss the problems they meet and to try to work out solutions. This is a new venture but we hope it will develop new skills in this very important area.

FOR PUBLIC HEALTH NURSES

RAY GOODACRE, M.A., C.P.H.

A description of in-service education in a provincial public health nursing service.

THE CHANGING emphasis in public health during the past ten years has inevitably resulted in a greater degree of complexity in public health nursing, particularly in generalized public health nursing service in which each nurse is responsible for all public health nursing programs within an allocated district.

This complexity is exemplified by programs concerned with handicapped children, speech and hearing, with the recent development of community mental health services and with the increasingly important role of the public health nurse in dealing with emotional problems of the family. There has been a concomitant development of home care and community rehabilitation services, the requirements for which involve a wide knowledge of the fundamentals of physiotherapy and rehabilitation nursing techniques. In addition to these relatively unrelated areas of special concern, there has been a rapid expansion of classes for expectant parents which require the effective communication of information based on nutrition, obstetrics, family relationships and pediatrics to lay persons.

Consequently, there is a rather obvious need for coordinated programs of in-service training, organized on both the provincial and health unit level, in order to, firstly, supplement basic health nursing education in preparing nurses to assume new functions and to deal effectively with new programs, and secondly, to assist them in keeping up-to-date with respect to cur-

rent functions that they are required to retain.

In this respect, several avenues for in-service training have been developed. While these pertain to British Columbia, they are, nevertheless, applicable to and operational in other provinces. These avenues may be summed up as: on-the-job training directed at providing field experience for nursing students; orientation of new staff; and continuing education.

Student Training

On-the-job training is directed at nursing students from both university schools of nursing and teaching hospitals and is designed to show the objectives and to provide practical field experience in the practices of public health nursing. In British Columbia, all health units provide short observation periods for undergraduate students; thus, all student nurses now have an opportunity to develop an awareness of public health services and their relationship with the family physician, the hospital and other community health services.

Orientation

Orientation of new staff follows a standardized program applicable throughout the province. This guide is set forth in the Health Branch policy manual which provides a source of information for all field personnel concerning policies and procedures governing their work. For public health nurses, training is confined largely to general policies governing

the operation of the health unit. However, for registered nurses not yet qualified in public health, and particularly those who are employed on a part-time or weekend relief basis, orientation in public health is detailed and extends over a period of several months.

Continuing Education

Basically, four types of continuing education are in effect. The first of these is the annual Public Health Institute, a four-day in-service training course developed by the provincial health service in order to promote the discussion of new programs and general developments in the field of public health, for example, plans for the administration of oral polio vaccine, or programs of community rehabilitation.

Where special emphasis is required, particularly in support of new programs introduced at the annual Institute, short intensive courses of one to two weeks duration are organized for selected staff. One such course was prepared by Miss Aileen Hogan, of Maternity Centre Association, pertaining to Expectant Parent classes. As a result, classes for expectant parents are now given on a regular basis throughout the province in every large centre and in all small communities served by health unit branch offices. Here, it should be noted that it is neither feasible nor economical to have all field nurses attend all short courses, although it is desirable for all nurses to receive the benefits. Consequently, those who are selected to attend return to their respective areas and are required to organize an abbreviated Institute for the education of other nurses within the unit. Thus, all nurses benefit from a short course.

From time to time groups such as the Registered Nurses' Association of British Columbia and the University Extension Department organize special courses on subjects with which public health nurses are deeply concerned. These have been developed in such areas as mental health, rehabilitation and child training. To these, representative nurses are sent. Once again, those nurses selected organize summary sessions for the benefit of the remainder of the nursing staff.

The most important in-service training function on the health unit level is the regular staff meeting, at which time public health nurses are kept up-to-date through special talks, and reviews of the literature, not only in their own particular field, but also in other aspects of public health with which they are concerned, such as sanitation, preventive dentistry and nutrition. It is at the staff meeting that in-service training, coordinated with the Annual Institute and with short courses, is put into operation and applied to day-to-day problems so that the service will benefit as a result.

Qualifying Courses

Ideally, all nurses in public health should be academically qualified in public health nursing. Those who are not are employed on a temporary basis and are required to secure further training resulting in either a diploma or degree in public health nursing, depending upon their academic status. Similarly, senior supervisors in the field are required to follow postgraduate training in supervision and administration. In both types of training program, considerable financial assistance is received from National Health Grant funds.

Coordination

A coordinated program of inter-related staff education is made possible through the activities of the Division of Health Education. This would be incomplete without the provision of library facilities, together with an active program of selecting films, texts, references and professional journals to support formal training activities. Consequently, in British Columbia, these items are carefully selected and provided to all Health Branch main and branch offices as part of basic library facilities. These are supplemented by considerably more extensive holdings maintained by the Provincial Health Branch, which are made readily available to any unit. It should be noted that library facilities are developed to meet the same objectives as the more formal training programs that they are designed to support, namely, the ultimate improvement of service provided.

IN THE VICTORIAN ORDER OF NURSES

MAY L. PALK

In in-service education there is no room for complacency. At its best it should contribute to the nurse's knowledge of the first-rate in her professional field so that it gives direction, purpose and drive, an ideal to pursue.

THE PURPOSE of in-service education in our agency stems from the philosophy that in offering a visiting nurse service to the community the Victorian Order of Nurses accepts a two-fold responsibility: not only for making service available in the area served but also for the quality of service given by each member of staff. In-service education is concerned with quality and as such is an imperative part of agency planning.

In-service education is many things. Broadly speaking, all of the education which contributes to a nurse's development while on the job could be included. This article will be limited to those planned group activities commonly termed orientation and staff education.

Orientation

Orientation begins when a prospective employee comes for an interview, is reinforced by our agency letter of acceptance and continues through the first few months of the nurse's employment. Irrespective of pre-service preparation and experience, it is our practice to provide orientation for each new staff member, based on the requirements of the job for which she is employed. Thus, the orientation planned for nurses with public health preparation differs in scope from that planned for nurses without such preparation. Orientation of the certified nursing assistant, because of the character of her duties, differs markedly from both of the above. Each new staff member has a period of observation with an experienced field nurse. The amount depends on any previous public health nursing practice and the new member's own feeling of need. Planned supervision and an introduction to the families being served in the specific area to which the nurse is assigned are also part of the orientation.

During the first six to eight weeks qualified public health nurses participate in some 18 to 20 hours of classroom discussion and demonstration. For nurses without the above qualifications, classroom time reaches 30 hours. Our experience with the orientation of certified nursing assistants suggests that seven to eight hours is adequate.

New nurses spend their first morning in the classroom where they are welcomed by the director and given a brief opportunity for questions. Time is taken to review the personnel policies and make any needed explanation. Details of protection plans or anything relating to payroll deduction are discussed. Every effort is made to familiarize the new staff member with the environs in which she will be working. She is given a card, with her name on, showing the address, telephone number and supervisor of the office to which she is assigned. This helps her to feel that her coming has been planned and that she now belongs.

For some new staff, an undergraduate period with the Victorian Order has preceded employment; for others, visiting nursing is an entirely new experience. If the group is large it is divided on this basis. Each nurse is encouraged to contribute what she already knows about the Victorian Order of Nurses, its history, its organization and its services. The members of the group are extremely helpful in identifying what they feel orientation to Victorian Order work should include. The needs are listed and reference is made to them throughout the program. It might be questioned if all the instruction thought necessary by our organization can be covered through this arrangement. There are specific policies and practices in relation to Victorian Order service that our agency has the responsibility to make known to the new staff. Though

orientation sessions are scheduled before the new people come, the content of discussions and demonstrations is kept flexible in order to use the varied experiences which these nurses are having in the district. As observations are shared, problems in carrying out policies and procedures are cited and opinions voiced. The principles, policies and practices of the organization are underlined and should become more meaningful to the group.

Although orientation is more intensive during the first two months, it continues until the nurse is carrying all of the responsibilities entailed in her job. For example, a discussion and demonstration of assisting at a delivery in the home will be given close to the time when the nurse is scheduled for the service. When she takes on additional services entailed in her job, for example participation in child health centres or guiding a student for a period of supervised practice, an introduction precedes the responsibility.

At the close of the initial period, the nurses are asked to comment on the value of their orientation. Not all the remarks are commendatory. Some have wished for a shorter class periods and more of them; others have felt that some of the discussions and demonstrations were repetitious; a few state that they were given credit for knowing more than they did. All of these comments are useful for future planning. It is significant to keep in mind that whether orientation is planned or unplanned, it takes place. It may well be, however, that without planning it enhances neither the quality of the service nor the relationships of the staff involved.

Staff Education

What are the opportunities for in-service education following orientation? In the Toronto Branch a definite number of hours is allotted to staff education projects and each of the eight offices becomes a steward of this time. Twelve hours per staff nurse included in the program is the time available. This figure was arrived at through a time study kept for several staff education projects where six 1½-hour sessions were held. Although this total shows only nine hours per nurse, the additional hours provide

time for meetings of the staff education committee and for planning of group presentations such as panels, role playing, previewing of films, etc. Preparation for individual or group presentation, however, is done in the nurse's own time.

The staff education committee in each district is composed of two or three field staff (depending on the size of the office), the supervisor and her assistant. This committee, with assistance from the educational director, assumes responsibility for getting the program underway. Evaluations written by staff, stating the weaknesses and the strengths of the program undertaken the previous year, and their preferences for the new year's study, form the basis for the initial work of the committee. A general conference is arranged for all the staff. A brief summary from the data of the evaluations is presented and certain criteria for their project are formulated. For instance, besides being a subject that the majority of staff wishes to study, it should be pertinent to Victorian Order service — one that lends itself to group exploration and that can be tackled realistically in the time available. Finally, an area for study evolves from the discussion. Suggestions are made as to the division of the subject, the methods preferred and the frequency of the sessions.

The program varies from office to office because the needs and interests are different. Each group does its own planning and sets up objectives for its project. In implementing their program the committee tries to involve the entire group. Members are given a maximum of freedom to talk, to think, to discuss and to use the services of our consultant as well as to suggest resources outside the agency. Requests for outside assistance are discussed with the educational director before the approach is made. When a resource person is invited to assist in a session, for example a social case worker, a physician, a worker with older persons or an authority on child growth and development, he is briefed as to the entire series and also the particular interests of the group in this session. Well-selected films, previewed by the group in charge of the presentation, frequently reinforce other

forms of presentation. Family studies are used freely as a basis for understanding the problem being studied.

Reviewing the evaluations at the conclusion of a program, the main weaknesses seem to fall into three groups: not sufficient time for the project; not all staff contributed; some overlapping in presentation. The strengths most commonly cited were: group participation and discussion, varied and interesting presentation, good use of visual aids, resource persons rather than lecturers, more understanding of the problems involved and of the appropriate resources in the community. Throughout these programs it is not so much a matter of teaching content to groups but rather of helping each nurse to find her place and play her part in the organization.

Levels of Staff Education

Is it feasible to plan staff education to meet the needs of all nurses in a district group? To some extent we have tried. All nurses with public health preparation as well as those nurses who have not had formal preparation in public health nursing but who have completed their planned

orientation participate in the program. Certified nursing assistants, of whom we have eight, one in each district office, with assistance from the educational director, plan, carry through and evaluate their own staff education program. This is done on a centralized basis in some five or six sessions over a two-month period, usually in the early spring.

Although the supervisory personnel are very much involved in their district office programs, opportunity for group activity of an educational nature is provided for members of the supervisory and administrative staff. One year a two-day conference was planned around the subject "The Helping Relationship." In exploring the meaning of this topic we were ably assisted by a professor of psychology. The evaluations submitted following the conference suggested a weakness which we are trying to overcome in this year's program. In place of a resource person in content we are being assisted by a resource person in the process of group interaction. Our subject is "Supervision" but the conference sessions are being left unstructured. We look forward to this experience.

Coming!

IN

JUNE 1962

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Semko — Bulbar Poliomyelitis

Plus additional material

It is sometimes supposed that self-expression is a privilege reserved for a race apart, beings called artists. This is not my experience. I have known carpenters, cooks, gardeners, engine-drivers — workers of many kinds, who have been able to use their work as a soul-satisfying means of expression. Perhaps, it may be argued, that in so doing they raise cooking or engine-driving to the

level of art. I think they do. And, conversely, many artists, persons who profess that painting is their work, or music or literature, are frustrated miserable creatures who can find in their art no joy, no release of pent-up energies. If so, they are in the wrong job; or maybe their state is such that no work can medicine their disease. These are unhappy people. — TYRONE GUTHRIE

IN THE HEALTH SERVICE FOR INDIANS AND ESKIMOS

L. JEAN WHITEFORD, B.Sc.

Orientation, like all learning, is continuous and does not end at the completion of two weeks. It is all part of in-service education which leads to good nursing care.

THE PRIMARY GOAL in in-service education is to assist nursing personnel to give good nursing care by maintaining:

1. Sensitivity to the needs of others;
2. interest, curiosity and imagination;
- a combination of 1 and 2 will help the nurse to gain and maintain:
3. a broad understanding of how to apply the latest scientific knowledge in her particular situation.

Nurses are coming to employers from schools of nursing and from other employers, with varying backgrounds, attitudes, interests, reaction patterns and widely differing preparations in nursing.

Assisting them to meet the demands of isolated areas is very different from preparing them for work in the average community. They may be cut off from their professional associates for months at a time. It is our responsibility through in-service education to help them to keep up-to-date.

Orientation

The orientation a new employee receives will determine to a large extent her future performance. Well-planned orientation programs mean safer and more perceptive care for the patient, a higher level of competence throughout the organization, and better job satisfaction for the employee. Preparing staff to work in a service that spreads from the Atlantic to the Pacific, from the most southerly point in Canada to the most northerly area of habitation, has drawbacks. The programs must be varied and must be geared to meet not only the demands of the individual nurse but also of the individual area.

New members of staff begin their orientation at their Zone Headquarters. Following this, hospital nurses are assigned to their respective duties with continuing educational opportunities. Public health nurses gain ex-

perience in home visiting, clinics, communicable disease control, child and maternal programs, geriatrics. If they are to be assigned to more or less remote areas, in addition to the usual program special emphasis is given to obstetrics, the care of accidents such as suturing minor wounds, the incision of boils or abscesses, examination of chests and administration of plasma.

In an attempt to appraise our present methods a simple questionnaire was sent out to the staff. It was constructed to invite not only direct and concise replies but free expression of thoughts, feelings and attitudes concerning experiences, as well as suggestions for improving the present programs. There were 1,055 comments received.

From the replies it is obvious that the needs of individuals differ greatly. Many of the staff appear to have received excellent assistance when they joined our Service; others were not so fortunate. It is hoped that the study will give impetus to our in-service education program.

Replies indicated that the nurses evaluated the quality of the orientation they had received, since entering the field of nursing, as follows:

Above average	32%
Average	51%
Poor	17%
	100%

The comments and suggestions fell under the following broad headings:

- Preparation for the program
- Program content
- Follow-up
- Additional comments

1. Preparation for the program:

Some of the ideas presented under this heading were as follows:

An orientation committee representative of all departments should be organized. A senior nursing officer should be appointed to conduct the program.

e.g., a head nurse or a zone supervisor of nursing.

A suggestion or idea box should be provided.

Eighteen persons suggested an orientation schedule flexible enough to meet the learner's needs. The list of observations and experiences should be checked as completed. The suggested length of the orientation varied greatly. Fifty-eight offered suggestions ranging from one hour a week to two months. Several stressed the fact that a decision concerning the length of the orientation should be dependent upon the needs of the new member of staff. Twenty persons stated that they wished for more specific interpretation of their duties.

2. Program Content:

Introductions: The importance of introductions to key personnel and non-departmental persons in the community was emphasized by 84 respondents. Twenty-six mentioned the value of tours through hospital departments and to field units, depending upon the assignment for which the employee was being prepared. Although tours are valuable, they are expensive in time and need to be evaluated on the basis of direct relationship to the job the person will be doing. Some tours are not as meaningful at the beginning of the orientation as they are after the person has been on the job for a time. Discussions with those in charge, before and after tours, are essential if the learner is to obtain value from the experience.

Instruction and review: Comments and suggestions pertain to nursing functions, responsibilities, procedures and techniques; also, to rules and regulations, the functions of related departments, agencies and individuals and the history, philosophy and administrative pattern of the service.

On-the-job training covers suggested plans for observation in the field and hospital. The value of observing another nurse at work was mentioned 88 times. The "buddy system" is thought to have real value in learning, especially when nursing procedures have to be adapted to unusual situations. Several persons stressed the advantages in being able to discuss problems with co-workers.

3. Follow-up:

Many of the staff asked for more time to observe related activities. The need for assistance from the super-

visor was expressed frequently.

4. Additional comments:

Though some noted that orientation is costly and time-consuming others mentioned that mistakes and staff turnover are *more costly*. We have a large staff — 1,064 nursing positions with 636 registered nurses, 428 certified nursing assistants, ward aides and orderlies. We are vitally interested in reducing turnover to a minimum. It was suggested that the *real* reason for termination of employment should be analyzed to find out if there is a relationship between resignations, orientation and continuing staff education programs. As our organization grows, individuals are in danger of losing their identity and this may cause morale problems to flourish.

Some nurses do not ask questions. One stated in her reply, "I hesitated to ask questions for fear they would think I was stupid." She will probably not be able to function at her maximum efficiency until she is helped to overcome her fears. It was brought out that the sooner the new staff gain full appreciation of the job to be done and knows the part they are expected to play the more initiative they will use. The fewer frustrations the staff experience the higher the quality of service they will render.

In-service Education for Hospital Staff

Freeman and Holmes in "Administration of Public Health Nursing Service" state:

1. The trainee must want to learn.
2. The new material must be seen in its relation to what is already known and is felt to be important.
3. The trainee must be actively involved in the training activity.

We attempt to apply these principles in our Service. Meetings for staff in our 18 hospitals, ranging from 20 beds to 500, take the same form as for any similar groups.

Nurses are realizing that the passive method of trying to learn is, in many cases, a complete waste of time. Someone spends hours preparing a lecture. The staff rush to the conference room at 3:00 P.M. with their minds on the unfinished nursing duties and the ward report. If they feel that the lecture is "good for them" but

has no relation to important factors in their nursing program, their interest wavers and learning does not take place.

The object is not to "educate for education's sake and to meet for meeting's sake." In one hospital the head nurses are studying their job descriptions. The whole staff in another hospital is looking analytically at the duties of the orderly and where the male practical nurse relieves the orderly of the male nursing duties.

Instead of a pharmacist talking on newer drugs, the staff obtain information about drugs used on their wards. They take turns leading the discussion about the use of the drugs. They become actively involved in the learning experience.

Results were achieved when the nurses from an obstetrical ward, outpatient department and public health field, met regularly to evaluate and plan the Maternal and Child Care program. They feel now that parent teaching is more uniform and the mothers and children receive better care.

Conferences

Values have to be weighed and reweighed when a Service as large as ours plans to bring nurses hundreds of miles by air. Timing is important. Break-up and freeze-up have to be considered. Nursing stations should not be left unstaffed. The nurse must be on the reserve at Treaty Time where the X-ray survey coincides with the payment of Treaty money.

In September and October the Indian people have usually returned from their many journeys. The schools have opened and the roads are still passable. The nurses feel that they should be in their areas to get the fall nursing program under way. Thus, late winter or early spring is a popular time for staff conferences. Psychologically, it is good for the nurse to get away from her area after a cold winter.

Long-term planning for conferences is particularly valuable. The geography of Canada sometimes makes communications difficult. Interest is enhanced in regions where, at the end of a conference, the staff plan the next conference. They choose the topics and designate those who are to participate. One central theme, discussed

fully, is less frustrating than several topics briefly considered. This tentative planning may have to be done six months to a year ahead. With staff changes and changing needs, completion of the original plan is not always possible, but time spent in preparing it is well worth the effort. An evaluation by each nurse at the completion of the conference and again in six months has helped in planning.

When the nurse has had an opportunity to discuss first what is uppermost in her mind she will be able to give her attention to the prepared program. She may be concerned about whether she has requisitioned enough food for next winter so it will be delivered on the "cat swing" (tractor train) or how to get the diesel engine fixed; a severe epidemic of measles with complications, when she evacuated babies from Great Whale to Montreal, might be the story she just must tell someone.

Arrangements are made for the staff to meet alone. Following this period they bring their problems to the senior staff members for advice and decisions.

This service is favored by having both treatment and public health under one Directorate. Interchange of nurses between hospital and for observation is conducive to improved continuity of nursing care.

The importance of knowing how the consumer thinks and feels has been explored in some regions. Indian people representing band health committees, women's associations and the Band Councils have attended the staff conferences on such topics as sanitation, mental health and maternal and child care. Through their cooperation much has been gained in mutual understanding.

Having a copy of all health magazines in all of our hospitals, our 34 nursing stations and 81 health centres is not economically reasonable. All nurses have access to one or more periodicals, in addition to *The Canadian Nurse*, and other publications are circulated from the Nursing Office in the hospital or from the Zone Office to the public health field. Bulletins and Newsletters with condensations of articles and other information are sent to the staff regularly. They, in turn, contribute to the material distributed.

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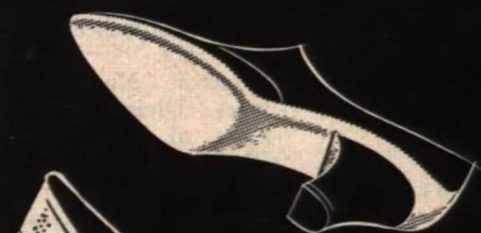
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SMITHS FALLS, ONT.
Smith Shoe Store

SOREL, QUE.
P. A. Matton Inc.

STAMFORD CENTER, ONT.
Grice's Famous Shoes

ST. JEROME, QUE.
R. Theoret

ST. GEORGES DE BEAUCE, QUE.
P. M. Begin

ST. HYACINTHE, QUE.
Adrien Chenette

ST. THOMAS, ONT.
Ravens Limited

STRATFORD, ONT.
Boyd's Shoes

SUDBURY, ONT.
Fairmount Shoe Store

SYDNEY, N.S.
F. W. Bishop
The T. Eaton Co. Ltd.

THETFORD MINES, QUE.
A. Setlakwe

TILLSONBURG, ONT.
Bill Pophams Ltd.

TIMMINS, ONT.
Harvey Graham & Son

TORONTO, ONT.
The T. Eaton Co. Ltd.
Calderone Shoe Co.
Harry Young Limited

TRENTON, ONT.
Holmes Shoes Ltd.

TROIS RIVIERES, QUE.
Hollywood Shoe Store
Chaussure Normandie

TRURO, N.S.
Roy C. Harris Footwear

VAL D'OR, QUE.
Victory Shoe Store

VANCOUVER, B.C.
Hudson's Bay Co.
Lilley & Skinner
Woodward Stores Ltd.
The T. Eaton Co. Ltd.

VERDUN, QUE.
A. Normandin Inc.

VICTORIA, B.C.
Hudson's Bay Co.
The T. Eaton Co. Ltd.

VICTORIAVILLE, QUE.
A. Lainesse

WELLAND, ONT.
Clark's Shoe Store

WESTVIEW, B.C.
Locks Shoe Store

WILLOWDALE, ONT.
Thompson Shoes Ltd.

WINDSOR, ONT.
Traits Shoe Store

WINNIPEG, MAN.
Hudson's Bay Co.
The T. Eaton Co. Ltd.

WOODSTOCK, ONT.
Bartley Shoes Ltd.

YORKTON, SASK.
Spence Shoe Store



THE WORLD OF NURSING

PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION,
74 STANLEY AVENUE, OTTAWA

Vancouver

The 31st Biennial Convention of the Canadian Nurses' Association will be held in Vancouver from June 24 to 29, 1962. Indications are that the total attendance will probably exceed that of any previous convention.

National Office has reserved a large number of hotel rooms for the period of the Convention. These are listed, with prices and types of rooms, on page 250 of the March issue of *The Canadian Nurse*.

Reverend Sisters

A block of rooms has been
reserved at the Vancouver
Hotel for Religious Sisters
which we will be pleased to
assign at your request.

Program

Miss HELEN NUSSBAUM, General Secretary, ICN, will speak at the opening session bringing greetings from

the International Council of Nurses. In the afternoon, she will deliver an address on some aspect of ICN work. Miss Nussbaum was on an extended tour to West and South Africa when the CNA invitation was sent to her; it reached her in Nigeria. Her acceptance was received with much pleasure.

In-service Education

"During the past year several health units have asked me for help with their in-service education programs." This was the opening sentence of a paper entitled "In-service Education," presented by MURIEL UPRI-CHARD, M.A., Ph.D. at the annual meeting of the Ontario Public Health Association held in Toronto last October. This article appeared in the February 1962 issue of the *Canadian Journal of Public Health*, pages 47-56. Miss Uprichard is Associate Professor, School of Nursing, University of Toronto, Toronto, Ontario. This article is a valuable addition to the articles on In-service Education appearing in this edition of *The Canadian Nurse*.

Centenarian

Mrs. MARGARET NEVIN, Parkwood Hospital, London, Ontario, a graduate of the Royal Victoria Hospital School of Nursing, Montreal, class of 1898 celebrated her 100th birthday last March 16th. National Office joins the membership of the Canadian Nurses' Association in extending congratulations and best wishes to Mrs. Nevin.

Is Mrs. Nevin Canada's oldest living graduate nurse?

ICN Inquiry

The ICN Nursing Education In-

quiry planned at the meeting of the ICN Education Committee is gaining momentum. Miss H. MARJORIE SIMPSON, Research Officer, Royal College of Nursing is serving as a consultant. The question of "generalized nursing education" will be discussed when an International discussion group of experts meets at ICN House in London this month.

National Office Notes

Miss F. LILLIAN CAMPION, Director of the Project for the Evaluation of Nursing Service accompanied Miss ALICE W. WHITE, Assistant Director of the Department of Diploma and Associate Degree Programs of the National League for Nursing on an accreditation visit to the Chestnut Hill Hospital School of Nursing, Philadelphia. Miss Campion observed the survey techniques used by the NLN, preparatory to establishing the techniques and procedures to be used in the CNA Project for the Evaluation of Nursing Service.

Philosophy of Schools

The Philosophy of Catholic Schools of Nursing was the topic discussed in all its facets at the fourth institute on Nursing Education, sponsored by the Canadian Conference of Catholic

Schools of Nursing that was held at the Marian Centre, 4300 Bossuet St., Montreal, January 22-26. Over 300 representatives of nursing schools or religious congregations from all over Canada were present to study and discuss, during five days, the true concept of Christian education and how it can be best realized in schools of nursing at the present time.

Panel discussions and study groups, guided by some of the most able educators of English-speaking and French-speaking Canada, provided new insights into the perennial teaching of St. Thomas and the great Catholic educators and inspired the far-reaching decisions which were made by those who are mainly responsible for Catholic nursing education.

Panel topics included "The Christian Concept of Service," "The Permeation of Catholic Philosophy through Nursing Service," "The Christian Concept of Education." MOTHER M. LENORE, S.P., President of the Canadian Association of Catholic Educators, as guest expert, discussed "Problem Areas in Implementing the Philosophy" and "Written Statement of the Philosophy and Objectives." This institute was attended by JUSTINE DELMOTTE, Secretary, Public Relations.

High school boys who hope to become doctors can get on-the-job training by working as part-time employees at Memorial Hospital, Conway, New Hampshire.

The hospital selected high school boys, with the highest recommendations and greatest apparent interest in medicine, to take part in its first trainee program. Among other tasks, the boys helped receive and interview patients, undress and assist male patients, transport patients within the hospital, maintain supply cupboards, and assist staff doctors during application of casts and during surgery.

The administrator of Memorial Hospital points out that "while other persons could have been obtained to fill the job, it would be hard to match these boys in terms of enthusiasm and interest, which they have transmitted to other staff members."

The Modern Hospital

* * *

The Boston University School of Nursing

is developing a one-year, Post-Masters' Program in Gerontology leading to a certificate of advanced graduate specialization. It is supported by a grant from the U.S. Public Health Service.

This program will be open to experienced public health nurses who wish to prepare for leadership positions related to the public health nursing problems of our aging population. Applicants must hold a Master's degree in public health nursing.

The core of the program will be an interdisciplinary course in gerontology open to all graduate students within the university. Public health nursing students will have concurrent related field laboratory experience, a gerontology nursing seminar, and an advanced public health seminar.

The program will start in September, 1962. Additional information may be obtained from the Admissions Officer, Boston University School of Nursing, 264 Bay State Road, Boston 15, Massachusetts.

NURSING PROFILES

Following the recommendation of a special committee of the faculty of medicine, the University of Montreal has created an autonomous faculty of nursing and appointed its first dean, **Alice M. Girard**. Her first task, which it is estimated will take approximately two years for completion, will be to draw up the curriculum and appoint a teaching staff.



(G. Carpenter)
ALICE GIRARD

Miss Girard presently holds the position of director of nursing and assistant administrator, St. Luke's Hospital, Montreal. In June 1961 she was named by Prime Minister Diefenbaker as nurse member to the Royal Commission on Health Services in Canada. She is immediate past president of the Canadian Nurses' Association and a member of the Committee of Experts on Nursing of the World Health Organization and chairman of the ICN Nursing Service Committee.

The University of Western Ontario made nursing history at its 1961 Spring convocation when the degree of Master of Nursing was conferred upon **Sister Mary Elizabeth**, a member of St. Joseph's Order, and presently administrator of St. Joseph's Hospital, London, Ont. This was the first Master's degree in nursing to be granted by a Canadian university.

Sister had completed requirements for her B.Sc.N. from the same university in 1947. She had several years of experience in public health nursing before entering the sisterhood.



SISTER MARY ELIZABETH

Since then she has served in hospital administrative and supervisory positions. Her thesis for her Master's degree was "A Proposed Method of Evaluating the Quality of Patient Care in a Surgical Service of a General Hospital."

Grace Ivy Dockeray, a lieutenant in the Salvation Army and a graduate of Grace Hospital, Windsor, Ont. has been appointed associate director of nursing education, Grace Hospital, St. John's, Nfld.



GRACE DOCKERAY

Miss Dockera y obtained her diploma in nursing education from the University of Western Ontario in 1954. Later, she studied public health nursing at Assumption University, Windsor and completed requirements for her B.Sc.N. in 1960. Her nursing experience has included general staff duty at Kitchener-Waterloo Hospital, Kitchener, Ont., clinical instruction at Grace Hospital, Windsor; public health nursing as a member of the Victorian Order of Nurses, Windsor branch. She has taken an active part in professional association activities and is presently a member of the curriculum committee of the ARNN.

Kathleen Louise Macdonald Maxwell is the associate director of service in charge of personnel, supervisor of pediatrics and instructor in public health nursing at Saskatoon City Hospital. A graduate of the University of Alberta Hospital, Mrs. Maxwell obtained her B.Sc.(N) in public health nursing from U. of A. in 1945 and her Master's degree in public health supervision and administration



KATHLEEN MAXWELL

from the University of Washington, Seattle.

She has had an extremely busy and varied career to date. It has included such things as camp nursing, district nursing, assisting with registration for an ICN Congress and university teaching as assistant professor of nursing and consultant in public health nursing, School for Graduate Nurses, McGill University.

At the moment Mrs. Maxwell is combining two careers. In addition to her duties at



LAURA GUDLANG EINARSON

Saskatoon City Hospital, she is caring for a small daughter and a home with the help of her medical student husband.

Laura Gudlang Einarson, a graduate of Winnipeg General Hospital, has been appointed nurse in charge of the Regina branch Victorian Order of Nurses. She received her certificate in public health nursing from the University of Manitoba in 1947.

Her past experience has included both institutional and industrial nursing in addition to many years of service with the VON. She was previously on the staff of branches in Nanaimo and Victoria as well as in Winnipeg. During the years 1944-46 she served overseas in England, Belgium and Holland as a nursing sister with the RCAMC, World War II.

One of her hobbies is both unusual and interesting, Miss Einarson has studied graphoanalysis which is character analysis through handwriting.

Mother M. Berthe Dorais is to receive the George Findlay Stephens Memorial Award for the year 1962. Formal presentation will be made at the Canadian Hospital convention in Edmonton in June. The award which was established in 1949 honors the memory of Dr. Stephens who was regarded as one of the outstanding authorities on hospital administration on this continent. Selection of the recipient is made by the CHA's board of directors on the basis of noteworthy service in the field of hospital administration. Emphasis is on personal efforts to advance the efficiency of Canadian hospitals, to develop regional and national organizations, to foster social progress. Particular recognition is

given to consistent service and leadership.

Mother Dorais, presently treasurer general of the Grey Nuns of Montreal, has had an active career in many phases of hospital work on regional, provincial, national and international levels. She is a graduate of the International Accountants Society; holds a certificate in hospital administration from St.

Louis University, Missouri; is a Fellow of the American College of Hospital Administrators; a member of the American Association of Hospital Accountants, the Quebec Hospital Association and the Catholic Hospital Association of the U.S. and Canada. She is currently president of the Catholic Hospital Association of Canada.

In Memoriam

Lena Rose Berry (Misericordia Hospital, Edmonton '32) died in 1961 after a long illness. She was a staff member of the Municipal Hospital, Red Deer, Alta. at the time of her death and had also nursed in the Baker Clinic, Edmonton, St. Theresa Hospital, St. Paul and the Parson's Clinic, Red Deer.

* * *

Ellen Wanless Ewart (Hamilton General Hospital, Ont. '31) died recently. She was the director of nursing for the Hamilton Health Association. Miss Ewart served overseas during World War II and received mention in dispatches for her services. She had served on the executive of the RNAO and took a leading part in many other local and provincial nursing affairs.

* * *

Mary Susan (Beatty) Hannay died in Victoria, B.C. recently. She was a member of the Nursing Sisters' Association and had been decorated by the late King George V for her services.

* * *

The Alumni Association of The Montreal General Hospital has announced the decease of several graduates. Tribute is paid to the memory of **Clara E. Jackson** '22, a former superintendent of nurses of Nanaimo General Hospital, B.C. and of the King's Daughters' Hospital, Duncan, B.C. and a former employee of the Saskatchewan government to which she acted as nursing advisor and travelling nurse instructor; **Sophie (Hoerner) Price** '98 who served overseas during World War I; **Lillian (Stewart) Scott** '18.

* * *

Elsie M. Lawler (Johns Hopkins Hospital, Baltimore '99) died recently in Balti-

more. Miss Lawler was born in Whitby, Ont. in 1874 and received her basic education in Ontario before going to Johns Hopkins Hospital for her professional preparation. In 1910 she became superintendent of nurses and principal of the school of nursing, Johns Hopkins Hospital and retained this post until 1940. She was the only woman ever to receive an honorary degree from Johns Hopkins University. This honor was bestowed upon her in 1935 when she received a Master of Arts in recognition of 25 years of "outstanding work as nurse, teacher and administrator." She returned to Canada briefly, 1905-07, and served on the staff of Toronto General Hospital as assistant superintendent of nurses.

* * *

Gwyneth Margaret (Davies) MacKay (St. Luke's Hospital, New York '22) died early this year. Mrs. MacKay was in charge of the obstetrics department of Peel Memorial Hospital, Brampton, Ont. at the time of her death.

* * *

Mary Edith O'Reilly (St. Mary's Hospital, Brooklyn '10) died recently in Ottawa. She retired from nursing sometime ago.

* * *

Mary Paquette (Lorrain School of Nursing, Pembroke, Ont. '22) died early this year after a long illness.

* * *

Stella Ryckman (Providence Hospital, Moose Jaw '24) died recently in Berkeley, California.

* * *

Ruby (Mumberson) Wilson (Collingwood General and Marine Hospital, Ont. '34) died recently.

Freedom is the power to do what one has learned to do. The conception of freedom

does not make any sense at all without the learning of a discipline.—H. NORTHRUP FRYE

Annotated Bibliography on CURRICULUM DEVELOPMENT

Books and Pamphlets

Abdellah, F. G., Beland, A. M. and Math-
ene, R. V. *Patient-Centered Approaches to
Nursing*. New York, Macmillan Company,
1960. Price \$4.50.

The authors provide a point of view about
and an analysis of patient-centred nursing.
Twenty-one problems of the patient have
been chosen as the starting point for curri-
culum planning. In addition, comparable
common treatments are discussed so that the
elements of patient care can be classified as
typologies. Examples of how this approach
can be used in teaching student nurses in
the three-year diploma programs, the asso-
ciate degree programs, and the basic bac-
calaureate degree programs are presented.
It is a useful guide in helping instructors
to plan a curriculum based on patient-centred
care and also provides assistance in the meth-
ods of teaching.

Beck, F. *Basic Nursing Education*. Lon-
don, International Council of Nurses, 1958.
Price \$3.75.

The content of this report is based on
an investigation into the abilities that nurses
need in order to carry out their responsibil-
ities as well as the principles and practices
of education applicable to the education of
nurses. The report is excellent and should
prove most helpful to any group planning
curriculum change.

The first section describes the methodo-
logy of the study. Two chapters are devoted
to a thoughtful consideration of the influence
of change on various types of nursing. The
major part of the report is centred around
basic nursing education. Clearly-stated
guiding principles are given for the choice of
objectives and for planning, developing, im-
plementing and evaluating the curriculum.
Suggestions are included for course content
and method of teaching in developing the
various abilities required of the nurse.

One section of the report is devoted to
the staff of the school of nursing, one to
the students and another to physical facili-
ties. The need for research and experiment
in both nursing education and nursing ser-
vice is emphasized with helpful suggestions
as to possible areas for investigation.

Benne, K. D. and Muntyan, B. *Human*

Relations in Curriculum Change. New York,
Dryden Press, 1951. Price \$3.90.

Problems and factors involved in bringing
about a change in curriculum are presented.
The authors deal with curriculum change as
a form of social change, a change in people
rather than a change on paper.

Part one establishes the basis for the
succeeding sections by placing curriculum
change in its setting of human relations.
Part two presents various important concepts
which are useful when analyzing situations
in which change is deemed necessary. *Part
three*, the largest section, deals with the
nature of groups and with ways of helping
groups to improve their roles and to put
their methods to work. *Part four* translates
democratic ethics of leadership into prin-
ciples of procedure for influencing change.
The last section provides a summary for
questions which must be asked and answered
if practical curriculum change is to be ac-
complished.

Brown, Amy Frances. *Curriculum De-
velopment*. Philadelphia, W. B. Saunders
Company, 1960. Price \$10.00.

The term "curriculum," as used in this
book, is based on the interpretations of cur-
riculum stated by Ralph W. Tyler in *Syl-
labus for Education 360, Basis Principles
of Curriculum and Instruction*, University of
Chicago Press, 1947.

The history of the development of cur-
ricula for nursing programs and also, to a
certain extent, of general educational pro-
grams is surveyed. The major tasks of cur-
riculum development are identified, according
to the Tylerian rationale: the formation of
educational goals; the selection of learning
experiences; the effective and efficient or-
ganization of these learning experiences;
the evaluation of the extent to which the
goals have been obtained.

The humanities, the physical and biologi-
cal sciences and the behavioral sciences are
considered the foundation of the nursing
curriculum. The teaching of nursing courses
and clinical instruction are given consider-
able attention. There is a great deal of
elaboration on the basic steps of curriculum
development, particularly as these steps may
be carried out in organizing a school of
nursing curriculum.

The final chapters outline methods of teaching and suggest aids to teaching such as audiovisual equipment and library resources. Each chapter has an extensive bibliography and is generously footnoted. The final chapter deals with research in curriculum development.

Instructors or faculties concerned with curriculum change or even the revision of a single course will find this a very valuable reference.

Elliott, Florence. *Viewpoints on Curriculum Development*. New York, National League for Nursing, 1957. Price \$1.50.

This report of the 1957 curriculum conference of the National League for Nursing highlights many implications for nursing education and curriculum development. Papers presented at the conference are included. Attention is focused on "what is good nursing?" and "how to teach this kind of nursing." Special emphasis is given to mental health and rehabilitative aspects of nursing.

Havighurst, R. *Developmental Tasks and Education*. Toronto, Longmans Green and Company, 1951. Price \$1.25.

The middle ground between two opposing theories of education, freedom and constraint, is studied. In the "freedom" theory the needs of the individual are paramount; in the "constraint" theory, the demands of society. The developmental task partakes of both theories. It is a concept which should be considered and understood when studying nursing curriculum.

An excellent outline for the analysis of a developmental task is given. This method would be of value in the analysis of problems in nursing education.

Heidgerken, L. *Teaching in Schools of Nursing*. Montreal, J. B. Lippincott Company, 1953. Price \$6.00.

The author specifies the attributes to be looked for in a teacher. Philosophy, aims and objectives are very well outlined, as well as plans for organizing and directing learning activities in the school of nursing. The principles and methods of teaching are clearly defined.

Holmquist, Emily. *Steps in Curriculum Development*. New York, National League for Nursing, 1960. Price \$1.00.

The department of nursing of the University of West Virginia has provided an excellent guide for work conferences on curriculum and evaluation. Tyler's philosophy of

curriculum development which emphasizes the selection of educational objectives in terms of desired behavior and content has been used. The sections on formulating educational objectives and philosophy are particularly helpful. This text on curriculum development will serve as a valuable guide for those conducting workshops and for school faculties.

Maritain, Jacques. *Education at the Crossroads*. New Haven, Yale University Press, Inc., 1943. Price \$1.25.

The paperbound edition of this excellent text was published in 1960. Herein are discussed the aims of education, the dynamics of education and the trials of present-day education. All are dealt with very expertly. Education of the student for life, as an individual with a genuine human personality, is given great emphasis. This is a book educators cannot afford to ignore.

Sand, O. *Curriculum Study in Basic Nursing Education*. New York, G. P. Putnam's Sons, 1955. Price \$5.00.

This book is a progress report of the first two years of a five-year curriculum research project carried out at the University of Washington School of Nursing. Although the study was conducted in a university the steps described provide a basis for curriculum revision which can be profitably studied by faculty members in any school of nursing.

The prime objective of the study was to determine the most effective program of basic nursing education to prepare the student for bedside nursing in the shortest possible time, keeping in mind professional competency and patient safety. The study was carried out through the cooperative efforts of faculty members and with participation by the students. It points up the importance of systematic curriculum study rather than piece-meal research.

Tschudin, M., Belcher, H. and Nedelsky, L. *Evaluation in Basic Nursing Education*. New York, G. P. Putnam's Sons, 1958. Price \$6.00.

This book is the second of three volumes written by the participants in the five-year curriculum research project in basic nursing education at the University of Washington School of Nursing. It deals with their efforts to integrate evaluation throughout the total program. Faculty, service staff, students and project staff were involved in the evaluation.

The authors discuss in detail their role in the evaluation of the educational program. They tell of difficulties in relationships and quality measuring. They were attempting to evaluate objectives of the program, clinical nursing, application of science in nursing and relationships.

The group carried out the follow-up evaluation with questionnaires to graduate nurses in so far as they could. Opinions were sought from physicians and administrators. Samples of evaluation techniques are given.

Sand, O. and Belcher, H. *An Experience in Basic Nursing Education*. New York, G. P. Putnam's Sons, 1958. Price \$5.00.

This book is the final report of the five-year curriculum research project in basic nursing education at the University of Washington School of Nursing. It describes the experiences of the faculty and student body as they worked toward reconstructing their program of nursing education. Perhaps its most helpful aspect is the presentation of the results and the projected plans for the new curriculum. The importance of a clear-cut plan of procedure and of high morale based on complete democratic participation by the faculty are presented in such a way as to convince the most skeptical. The report of this excellent piece of research in nursing education can be most useful in preparing faculty members for a project in curriculum development.

Stratemeyer, F. B., Hamden, L. F., McKim, M. G. and Passon, A. H. *Developing a Curriculum for Modern Living*. 2nd ed. revised. New York, Bureau of Publications, Teachers College, Columbia University, 1957. Price \$5.50.

This is a revision of a book written about 10 years ago by three of the four authors. The basic beliefs of the authors form the core around which the curriculum is developed. These beliefs relate to a broad conception of democracy and the importance of cooperative planning. Much attention is paid to the principles of curriculum construction that make possible the relation of the needs of the individual to those of society. The major issues in curriculum building are identified as scope, sequence, continuity, balance and depth. The best information available regarding the nature of the learning process is considered and discussed at some length. Considerable emphasis is given to the developmental aspects of learning.

This is an interesting book but is prob-

ably more useful and meaningful to those who have had some experience with curriculum development rather than those who are just beginning in this field.

Whitehead, A. N. *Aims of Education*. London, Williams and Norgate, 1946. (A Mentor book published by The New American Library, New York.) Price 60 cents.

"Pedants sneer at an education that is useful. But if education is not useful, what is it?"

"The students are alive and the purpose of education is to stimulate and guide their self-development."

These quotes are among many found in reading this refreshing collection of lectures. The author has a way of clearing away the maze of educational cant and of showing us the clear objectives in such a way as to make the reader want to get on with the job of applying these clarified principles in his own situation.

It is suggested that different subjects and methods of study should be undertaken at suitable times and when the learner is at the proper stage of mental development. These natural stages can be applied again and again in harmony with maturity and in ever-widening circles, so that the individual may, at any one time, be at a different stage in many modes or subjects.

Implementation of the Nursing Curriculum in the Clinical Fields. Edited by Edna H. Treasure. Washington, Catholic University of America Press, 1957. Price \$4.50.

This is a complete report of the workshop on implementation of the nursing curriculum in the clinical fields conducted by the Catholic University of America. The papers presented by special lecturers and the summary reports of the seminar groups are all published in this volume.

Fundamental tasks in improving basic nursing education, and counselling and guidance of basic students in the clinical area are among the main topics included. Criteria for evaluating the curriculum have been developed by Ole Sand. These are included in the appendices.

Journal Articles

Bregg, E., How Can We Help Students Learn. *American Journal of Nursing*, 58:1120 (Aug. 1958).

In this most readable article Miss Bregg identifies sources of conflict and frustration for both teacher and student when learning experiences are planned in the clinical

setting. If the student is to profit from her ward assignments and to grow in professional maturity the important influence of interaction between the teacher and the student must be recognized. The helpful illustrations make this a useful reference.

Coulter, P. P., The Teaching-Learning Process in Nursing Education. *Nursing Outlook*, 8:575 (Oct. 1960).

This is a very thoughtful article on the teaching-learning process. It deals with conditioning and insight as the two types of learning which contribute to becoming a nurse. While acknowledging that implementation of the teaching-learning process involves much that is empirical, Mrs. Coulter skilfully illuminates the process through the elements of interdependency, dynamics, growth and creativeness. Clear, concise descriptions and illustrations contribute to the readability and usefulness of this article.

Crawford, M. E. and Heieren, E. L., Rehabilitation in a Teaching Program. *The Canadian Nurse*, 55:201 (Mar. 1959).

This article points out the importance of including rehabilitation in every phase of nursing care. It explains how the principles and aspects of rehabilitation nursing can be included in nursing arts and the medical and surgical nursing courses that are taught in basic schools of nursing. Although brief, the article has many helpful suggestions for nursing arts instructors and clinical instructors in planning and implementing their teaching program.

Du Gas, B. W. and Blackwood, B., Teaching Community Aspects of Nursing. *Canad. Nurs.*, 55:933 (Oct. 1959).

This article explains how a public health coordinator on a school of nursing faculty can be advantageous in building up a good teaching program in community aspects of nursing. It explains how, in one situation, a public health nursing course was conducted using the resources of a public health coordinator. This is a useful article for the faculties of schools of nursing who wish to broaden and improve their courses in public health nursing.

Elliott, Florence, Setting the Stage. *Canad. Nurs.*, 56:930 (Oct. 1960).

This article is the first of a series of four papers presented at a workshop on curriculum development sponsored by the Canadian Nurses' Association. As the title indicates, the first article establishes the goal

of the workshop and includes an historical review of nursing curricula.

Elliott, Florence, Concepts of Nursing. *Canad. Nurs.*, 56:999 (Nov. 1960).

This is the second of a series of papers presented at the CNA curriculum workshop. The author explores the scope of nursing including nursing in the past. "What is nursing?" and "What constitutes quality in nursing?" are questions discussed. She refers to opinions of other well-known nurses and states her own personal beliefs.

Elliott, Florence, The Selection of Learning Experiences. *Canad. Nurs.*, 56: 1094 (Dec. 1960).

The field of educational psychology is probed to give four reasons for careful planning of the student's clinical experience. Insight is given into the natural progression from interested understanding to intelligent application which does not necessarily come with just repetitive activities. This article is essential reading for those concerned with "curriculum building."

Elliott, Florence, Philosophy and Curriculum. *Canad. Nurs.*, 57:33 (Jan. 1961).

The activities of the School Improvement Program of the National League for Nursing are founded on eight basic viewpoints. How these viewpoints or principles are applied is carefully outlined. Particular emphasis is placed on the responsibility of the nurse administrator to give leadership to the faculty and of the nursing service personnel to ensure quality of patient care. This is an excellent reference for the development of a philosophy for nursing education.

Felicitas, Sister Mary, Better Utilization of the Student's Time in the Clinical Field. *Canad. Nurs.*, 55:321 (Apr. 1959).

The basic principles of sound education are stated in capsule form. Emphasis is placed on the mutual dependence of nursing service and nursing education in utilizing to the full the potentials to be found at the bedside. The benefits to be gained by the student whose theory precedes practice; the qualities to be looked for in the clinical instructor; the teaching opportunities of the graduate nurse in nursing service — these aspects are skilfully handled. The article challenges nurse educators to a patient-centred approach in curriculum planning.

Gilmore, Laurene, Curriculum Revision. *Nurs. Outlook*, 7:204 (Apr. 1959).

An unusual departure from the traditional pattern of curricula for schools of nursing is described. The plan outlines the study of the patient prior to, through and following an illness. The focus of attention is on the whole person, in and out of hospital. Carefully-selected hypothetical patients give the student the basis for learning the principles of nursing care. The curriculum provides for nurse instructors *only*. The medical lecturer is not used. The experiment has been proven effective academically judging by the results of the Test Pool examinations. This article is worthy of investigation by anyone planning a revision of curriculum for student nurses.

Johnson, D. E., A Philosophy of Nursing. *Nurs. Outlook*, 7:198 (Apr. 1959).

The two basic concepts currently held by nurses as to what professional nursing involves are discussed. The thinking of nurse educators and sociologists as to what makes up the "science" and "art" of nursing is presented. The article concludes with some very positive statements as to the components of nursing. Those participating in the development of a philosophy will find this article thought-provoking and a basis for group discussion.

Marion, Sister, The Curriculum in Schools of Nursing. *Canad. Nurs.*, 57:355 (Apr. 1961).

This is an excellent article for those participating in curriculum development. It summarizes detailed methods of determining objectives, organizing curriculum content and developing learning experiences. Sister Marion emphasizes the important role of the teacher in implementing the curriculum in order to bring about the necessary growth and development of nursing students.

Martin, Almeda B., On a Patient-Centered Approach. *Amer. J. Nurs.*, 60:1472 (Oct. 1960).

The author relates the method used by the faculty of a hospital school of nursing in centering student experience around 21 nursing problems rather than case studies which tend to be tied to a diagnostic entity. Each

problem study resulted in not only a summary of the basic scientific principles but also a listing of these principles associated with the general nursing problems.

This excellent article, though brief, gives the nursing problems as collected and edited by the Records Committee of the National League for Nursing.

Methuven, D. and Strayer, C., Teaching Dynamics of Human Behavior — the Clinical Potential. *Nurs. Outlook*, 8:47 (Jan. 1960).

The authors describe the study of selected experiences from medical, surgical and general nursing which might be used to help students to build upon their learning. However, there seems to be an assumption that all reactions are forms of regression.

The article fails to differentiate dependency feelings from enforced dependency. The common reaction to enforced dependency is rebellion which may show itself in many forms, not always regression. This leaves a relatively small group, who having matured rather tenuously, regress under stress in hospital. Perhaps a general discussion of dependency needs might have been more useful without leading the student to a wrong diagnosis.

This method might have been used to lead the student to look for causes of behavior, rather than to make judgments.

Russell, C. H., On a Liberal Background. *Amer. J. Nurs.*, 60:1485 (Oct. 1960).

This article points out the need for nurses to acquire a liberal education if they are to be prepared to function efficiently in our changing society. The author has indicated what constitutes a liberal education and the importance of its various factors. He has indicated a method by which the curriculum in junior colleges and collegiate schools of nursing can be planned to include all of the necessary courses.

This bibliography was prepared by the sub-committee of the CNA Committee on Nursing Education and approved by the Committee on Nursing Education in December 1961.

The out-patient department of the Hospital for Sick Children in Toronto, provides a baby-sitting service for visiting parents. If a child has to be brought in for a check-up, the mother can bring along her whole brood. While she confers with doctors and

nurses about the sick child, the other children are looked after in a playroom by members of the Women's auxiliary. There is no charge for the service, either to the patient's family or to the hospital.

Canadian Hospital, Vol. 39, No. 2.

MEDIC-ALERT

The policeman watched the young man weave unsteadily along the street for a few feet. Suddenly he fell. "Drunk," thought the officer, "Guess I'd better take him in and let him sober up." Then, as he stooped over the man, an unusual bracelet attracted his attention. Curious, he looked at it more closely and his expression changed. Engraved on one silver surface was a single word — Epilepsy. Within minutes an ambulance shrieked its warning as the man was rushed to hospital.

A simple silver bracelet had accomplished its purpose. A helpless patient received prompt and very necessary medical attention. A police officer avoided what might have been a serious error in judgment.



A simple silver bracelet

It was for just such an emergency that Medic-Alert Foundation first came into being. Its founder, Dr. Marion C. Collins, Turlock, California has a young daughter who is allergic to tetanus antitoxin. A routine scratch test against allergy to this serum produced such a violent reaction that Linda almost died. Her father's concern for her plus his realization of the problems faced by thousands of other people with similar allergies, cardiac conditions, epilepsy and so forth under emergency conditions resulted in the non-profit organization, Medic-Alert Foundation.

One of the first urgent needs was for a sure method of identification. The one se-

lected finally was a simple bracelet, durable and attractive enough to be worn at all times. On one side was engraved, in red, the caduceus — symbol of the medical profession, with the warning words "Medic-Alert." The other side carried the wearer's warning message and a registration number.

Medic-Alert received prompt, enthusiastic support in the United States from doctors, hospitals, police and medical associations. Meanwhile, an Ontario man, Mr. Ralph Finkle, a sales executive of the St. Lawrence Starch Company, was looking for a solution to his personal problem. Mr. Finkle is allergic to penicillin. His constant worry was that he might some day be involved in a serious accident, lose consciousness and be treated with penicillin. His fears were almost realized on one occasion when a car accident resulted in a trip to hospital by ambulance. Fortunately, he was conscious and able to warn personnel of his allergy.

Mr. Finkle heard about the American organization, joined its membership, received his bracelet and identification card. However, his interest did not end there. With the help of Dr. Collins he has succeeded in founding the Canadian Medic-Alert Foundation Inc. with headquarters in Toronto and is its first president.

How does the Canadian Medic-Alert Foundation function? It is a non-profit organization, incorporated in the province of Ontario. Except for a paid part-time secretary, the personnel work on a voluntary basis. The membership fee is five dollars and it provides *life-time membership* plus the necessary identification. The original idea of a simple bracelet has been extended to include a disc on a 24" chain or a disc for a lady's charm bracelet. Members have their *choice of the identification jewelry* and may obtain it in sterling silver or stainless steel. An *identification card* to be carried in a wallet or a purse is also included. This card contains the name of the patient's physician with his address and telephone number as well as that of the next-of-kin.

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NANCY H. WATSON, R.N., REGISTRAR,
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When applying for membership individuals may include as many details about past medical history as they wish. This information is kept confidential except to qualified persons such as doctors. Records for all members are kept in a central file — 176 St. George St., Toronto for Canadians. Duplicate files are maintained in Turlock, California — American headquarters. Eventually the Toronto office hopes to have a file for all members in North America. A 24-hour telephone service to Medic-Alert Foundation, Turlock is available so that additional information about members may be obtained readily by doctors, hospitals and public safety officials. A similar service in

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The Canadian Medic-Alert Foundation Inc. has approximately 3000 members at the present time. It has been in existence for less than a year. Its purpose is to help those who, because of special medical problems, face greater danger than most people in emergency circumstances. Nurses can

help by becoming more aware of the Medic-Alert emblem themselves; by teaching others to do the same; by heeding the warning of the emblem; by referring those who could profit through its services to:

The Canadian Medic-Alert Foundation Inc.,
176 St. George Street,
Toronto, Ont. Tel. 923-5393

The Fifth Canadian Conference on Mental Retardation will be held September 18-21, 1962 at the Nova Scotian Hotel, Halifax. The Conference, which is sponsored by the Canadian Association for Retarded Children,

will have as its theme "The Community — a Necessary Member of the Team." For further information contact: Mrs. L. J. Stuart, CARC National Conference Chairman, 610 Kenaston Ave., Montreal 16, P.Q.

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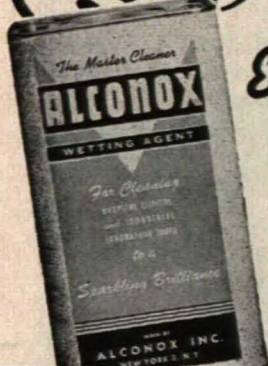
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Registered General Duty Nurse for 25-bed hospital, \$285-\$300 per mo., 1-mo. vacation with pay after one year service, board, room & laundry available. Full particulars apply to: Matron, Municipal Hospital, Raymond, Alberta.

Registered Nurses for General Duty for 50-bed hospital on main line C.N.R., 128 mi. south east of Edmonton. Living-in facilities in new nurses' residence, Blue Cross, MSI & pension plan available. Apply: Matron, Municipal Hospital, Wainwright, Alberta.

General Duty Registered Nurses (2) after April 15th. for busy 35-bed General Hospital situated on pavement 80-mi. east of Edmonton. Gross basic salary \$295 per mo. with 8 semi-annual \$5.00 increments, salary adjustment for previous satisfactory experience, 40-hr. wk., rotating shifts, 3-wk. vacation, 10 statutory holidays per year, 12 days sick leave yearly, cumulative to 30 days, pension plan, group plans for MSI & Blue Cross, Alberta registration or eligibility for same required. Apply: Matron Superintendent, Viking Municipal Hospital, Viking, Alberta.

General Duty Registered Nurses for 44-bed active treatment hospital. Salary \$325 per mo. with bi-yearly increments of \$5.00 each, 40-hr. wk., R & B \$40 per mo. in new residence, attractive holiday & sick leave benefits, medical & hospitalization coverage. Apply: P.O. Box 339, Spirit River, Alberta.

General Duty Graduate Nurses for active 76-bed hospital, near Calgary & Edmonton, \$285-\$335 gross salary for Alberta registered, \$275-\$325 gross salary for non-registered in Alberta. Excellent personnel policies & working conditions. Apply to: Matron, Municipal Hospital, Brooks, Alberta.

NURSES fully qualified for 30-bed active treatment hospital. New hospital building & recently renovated nurses' residence. Unless definitely interested in coming, please do not apply. Personnel policies sent upon request. Apply to: Mrs. M. Hislop, Superintendent, Municipal Hospital, Bassano, Alberta.

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Director of Nurses for modern, active 17-bed hospital to commence duty June 1st. Salary \$375 to \$425 dependent upon experience. RNABC policies in effect. Full board in own suite provided for \$40 per mo. Applicant must have or be eligible for B.C. Registration. For further details write to: Mrs. M. Penn, Director of Nurses, General Hospital, Tofino, British Columbia.

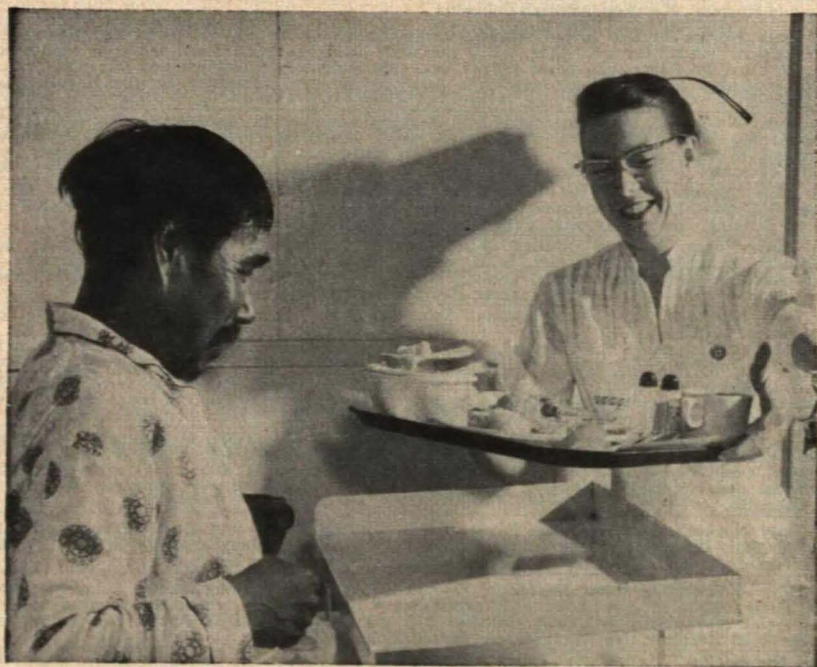
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Supervisor for Operating Room & Recovery Room for 83-bed children's hospital, charge duties to commence September 1, 1962 with an orientation period from May 1, 1962 (in the capacity of a general staff nurse). For further information write: The Director of Nursing, Children's Hospital, 250 West 59 Avenue, Vancouver 16, British Columbia.

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Graduate Nurses for 60-bed modern hospital in resort area on Vancouver Island. R.N. basic \$297 with yearly increments according to RNABC personnel policies. Enquiries: Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia.

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Registered Nurses for expanding General Hospital, Medical, Surgical, Operating Room & Obstetrical services, at Ajax, Ontario on Highway 401, 20 mi. east of Toronto, hourly bus service to hospital. Salary in accordance with qualifications & experience, increments every 6 mo., sick & vacation time after 6 mo., sick time cumulative to 14 days, 37½-hr. work wk., pension plan, living-in accommodation. Apply to: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario. **Nurses from Europe & United Kingdom**, apply to: Canadian Department of Labor, 61 Green Street, London, W.1, England.

Registered Nurses for 100-bed General Hospital. Salary range \$320 - \$360 per mo., 3-wk. vacation, paid sick leave, pension plan in effect, accommodation in nurses' residence if desired, room & board \$50 per mo. For particulars apply: Director of Nurses, Lady Minto Hospital, Cochrane, Ontario.

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Registered Nurses for smaller sized hospital. Rotating shifts, good personnel policies. Apply: Superintendent, Kemptville District Hospital, Kemptville, Ontario.

Registered Nurses for 60-bed hospital, starting salary \$300 gross per mo., good personnel policies. Apply: Superintendent, St. Marys Memorial Hospital, St. Marys, Ontario.

Registered Nurses & Certified Nursing Assistants for modern 75-bed hospital. Starting salaries — R.N.'S \$310 per mo., C.N.A.'S \$220 per mo. Single room accommodation available in the residence. Dryden (population 6,500) an industrial town, also center of extreme tourist area, is conveniently located midway between Winnipeg & the Canadian Lakehead. For further information regarding personnel policies, community activities, etc. please call or write: The Director of Nursing, Dryden District General Hospital, Dryden, Ontario.

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Registered Nurses for General Duty in all departments including premature & new-born nursery, Isolation, Emergency & Recovery Room. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

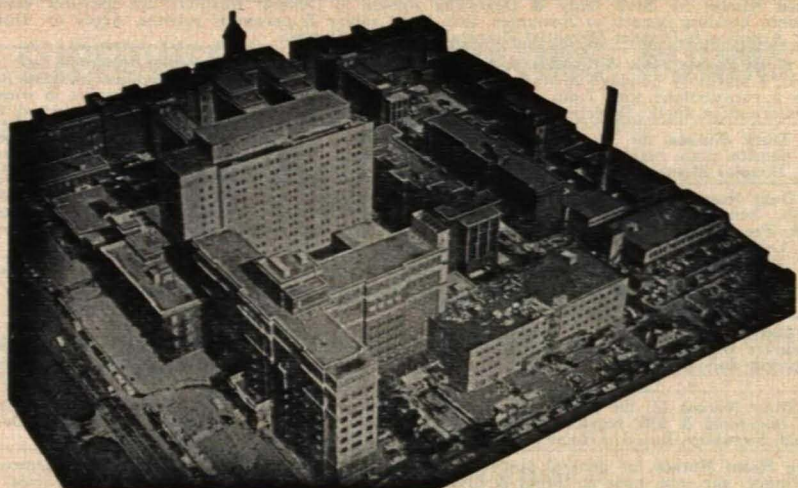
Registered Nurses for General Duty (Permanent or Summer Relief Staff) for modern 40-bed hospital in resort town on beautiful Lake Huron. Starting gross salary \$300, 40-hr. wk., 10 working days sick leave in 1 year, 50% unused sick leave paid at end of year. 50% single OHSC & PSI premium paid, 8 statutory holidays, 4-wk. vacation after 1 yr, board & room \$30, modern living quarters. Apply: Superintendent, Saugeen Memorial Hospital, Southampton, Ontario.

Registered Nurses for General Duty & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 80,000 people. Salary: \$385 per mo. with annual merit increments, plus annual bonus plan, 40-hr. wk. Recognition for experience. Good personnel policies. Assistance with transportation can be arranged. Apply: Director of Nursing, Memorial Hospital, Sudbury, Ontario.

Registered Nurses for General Duty in modern 18-bed Private Hospital in iron mining town, 140 mi. north of Sault Ste. Marie, Ontario. Starting salary \$290 min. to \$330 max. for experience, less \$20 per mo. for maintenance. Excellent accommodations & personnel policies, transportation allowance after 6-mo. service. **Operating Room Nurse** starting salary \$310 min. with postgraduate course. \$350 max. with 3-yr. experience or more. Apply: Superintendent of Nurses, Miss O. Keswick, Lady Dunn Hospital, Wawa, Ontario.

Registered Nurses for General Duty Staff for 106-bed General Hospital. Salary \$295 plus \$5.00 raises after 6-mo., 1 year, 1½ years, 2 years, 3 years & \$10 after 5th year to maximum of \$330 per mo. Evening differential \$10 per mo. with night differential \$5.00 per mo. Apply to: Director of Nursing, Norfolk General Hospital, Simcoe, Ontario.

Registered Staff Nurses for case room & operating room for 325-bed General Hospital located in central area of city. Rotating hours of duty; attractive personnel policies. Apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario.



TORONTO GENERAL HOSPITAL

REQUIRES

**Registered Nurses and Certified Nursing Assistants
for Medical and Surgical Services**

**including newly opened Neurosurgical and Cardiovascular Units
Rewarding Experience — Excellent Personnel Policies**

For information write to:

Director of Nursing, Toronto General Hospital, 101 College Street, Toronto 2, Ontario

GENERAL DUTY NURSES FOR ALL DEPARTMENTS

Gross salary \$320 monthly with annual increments for 3 years to \$350.

Until registration in Ontario is established — \$295.

Rotating periods of duty — 40 hour week, 8 statutory holidays annually — Annual vacation 21 days after one year.

Annual sick time 12 days after one year, cumulative to 18 days.
Hospitals of Ontario Pension Plan.

Ontario Hospital Insurance and Physicians' Services Incorporated,
50% payment by hospital.

Apply:

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

Registered Nurses for Staff Duty & Operating Rooms in General Hospital. All patients' services in new modern building opened in November 1960. Good salary & personnel policies. Apply to: Director of Nursing, Arnprior & District Memorial Hospital, Arnprior, Ontario.

General Duty Nurses Male & Female & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach and great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses for an accredited 66-bed hospital. Starting salary: \$305. Excellent personnel policies, pension plan, residence accommodation only 10 min. from downtown Buffalo. Apply: Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses for modern 100-bed hospital. Registered start at \$300 monthly, Graduates \$250 - \$285; 40-hr. wk., benefits include accident, sickness & life insurance, hospital & medical insurance plans, & O.H.A. Pension Plan. **Male Nurse**, graduate or registered also needed. Apply: Miss Tillett, Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario.

General Duty Nurses for 100-bed hospital, up-to-date facilities in a beautiful location on the shore of Lake Erie. Salary \$285 per mo. with recognition for P.G. courses, 40-hr. wk. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses for 100-bed modern hospital, south western Ontario, 32 mi. from London. Salary commensurate with experience & ability; \$285 gross. Residence accommodation available. Pension plan. Apply giving full particulars to: The Director of Nurses, District Memorial Hospital, Tillsonburg, Ontario.

General Duty Nurses (2) for 21-bed United Church Mission Hospital on the west coast of B.C. Salary \$297 non-registered & \$307 registered. Apply to: General Hospital, Queen Charlotte City, or Dr. M. C. MacDonald, Secretary, Board of Home Missions, 85 St. Clair Avenue E., Toronto, Ontario.

Operating Room Nurses for general operating room work which includes cardiovascular, neurosurgery, genito-urinary, ear, eye, nose & throat & orthopedic surgery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Public Health Nurses (Qualified) for a generalized program in an urban-rural area. Personnel policies & further information on request. Apply to: The Director of Nursing, Simcoe County Health Unit, Court House, Barrie, Ontario.

Public Health Nurse (qualified) for generalized program. Salary range, pension plan & other personnel policies given on request. Applicant must have car. Apply to: Dr. W. H. Cross, Muskoka District Health Unit, Box 1019, Bracebridge, Ontario.

Public Health Nurses (qualified) for rural-suburban area adjacent to Metropolitan Toronto. Minimum salary \$3,900, allowance for experience, car allowance, pension plan, other benefits. Apply to: Dr. D. G. H. MacDonald, Medical Officer of Health, Peel County Health Unit, 44 Nelson Street West, Brampton, Ontario.

Public Health Nurses (qualified), generalized program. Minimum salary \$3,800, annual increment \$150, liberal transportation allowance & other benefits. Apply to: A. E. Thoms, M.D., Director, Leeds & Grenville Health Unit, Brockville, Ontario.

Public Health Nurses (qualified) Salary \$3,700 to \$4,700, annual increment \$200, car provided or car allowance. Apply to: Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Box 337, Cobourg, Ontario.

Public Health Nurses required by Stormont, Dundas & Glengarry Health Unit for generalized program in Seaway Development Area, usual benefits, liberal car allowance, pension plan, allowance for experience. Apply to: Dr. Paul S. deGrosbois, Medical Officer of Health, Health Unit, 26 Pitt Street, Cornwall, Ontario.

Public Health Nurse (qualified) salary \$3,650 - \$4,400 - (under revision), allowance for experience, 5-day wk., 4-wk. vacation, car allowance, sick leave credits, employer shared P.S.I., O.H.S. & pension plan. Apply to: Mr. A. F. Stewart, Secretary-Treasurer, Wentworth County Health Unit, Court House, Hamilton, Ontario.

Public Health Nurse for Kitchener Department of Health, starting May 1962. For further information write to: Miss Olga Friesen, Department of Health, 233 Queen Street South, Kitchener, Ontario.

Public Health Nurses (qualified) for generalized program in a highly urbanized & rural area, salary \$3,900 to \$4,650. For further information apply to: Dr. A. F. Bull, Medical Officer of Health, Halton County Health Unit, Milton, Ontario.

Public Health Nurses—Minimum salary \$3,800, allowance for experience up to the maximum of \$4,750. Car allowance, pension plan, & other benefits. Personnel policies on request. Apply to: Dr. J. M. McGarry, M.O.H., St. Catharines-Lincoln Health Unit, St. Catharines, Ontario.

Public Health Nurses minimum salary \$3,900, car allowance, pension plan, & other benefits. Direct inquiries, including qualifications, to: Dr. I. T. Loudon, Medical Officer of Health, Norfolk County Health Unit, Box 247, Simcoe, Ontario.

Public Health Nurse for Sudbury & District Health Unit. Salary scale \$3,800 - \$5,000, allowance for P.H.N. experience. Uniform allowance, liberal fringe benefits. For information, Apply to: Dr. J. B. Cook, Director, 50 Cedar Street, Sudbury, Ontario.

Public Health Nurse for the East York-Leaside Health Unit to participate in a generalized program. Salary \$3,800-\$4,800 per annum. Pension plan, hospitalization, sick leave benefits provided. Apply to: Mrs. Gertrude Purcell, Director, Public Health Nursing, East York-Leaside Health Unit, Coxwell & Mortimer Avenues, Toronto 6, Ontario.

Public Health Nurse for generalized program. Minimum salary \$3,600 with adjustments for experience, pension, surgical-medical, group insurance & cumulative sick leave plans available. Car provided or optional mileage plans available. Apply to: T. H. Alton, Secretary-Treasurer, Bruce County Health Unit, P.O. Box 70, Walkerton, Ontario.

Public Health Nurses for generalized program, salary range \$3,700 - \$4,500 (minimum based on experience). Good personnel policies, 3-wk. vacation, accumulative sick leave, pension plan & other benefits. Apply to: Dr. J. Howie, Director, Metropolitan Windsor Health Unit, 2090 Wyandotte Street East, Windsor, Ontario.

Public Health Nurses required by Oxford Health Unit for generalized program. Car allowance, pension plan & other benefits, personnel policies on request. Apply to: Supervisor of Public Health Nursing, Oxford Health Unit, Woodstock, Ontario.

Staff Nurses for 350-bed General Hospital located in downtown Toronto, rotating hours of duty, attractive personnel policies, planned orientation & in-service education program. Apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario.

BERMUDA

Registered Nurses for Operating Room with operating room postgraduate course and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write: Matron, King Edward VII Memorial Hospital, Bermuda.

SUPERVISOR OF OPERATING ROOMS

Applications for this senior administrative position are invited.

Special preparation and administrative experience essential.

Operations per month average 2,000 in all surgical specialties.

Further information supplied on request.

ASSISTANT BUILDINGS SUPERVISORS

These challenging positions at the administrative level are located in separate 500 and 600-bed units. Experienced Nurses with University Preparation are desired.

(\$342 - \$413)

SUMMER VACATION RELIEF

Appointments for the 1962 summer vacation program are now available at \$297 or \$311 per month with approved experience.

For further details concerning the above please apply to:

**PERSONNEL DIRECTOR, THE VANCOUVER GENERAL HOSPITAL,
10th AND HEATHER STREETS, VANCOUVER 9, BRITISH COLUMBIA.**

REQUIRED IMMEDIATELY

THREE INSTRUCTORS OF NURSING SCHOOL OF NURSING — BRANDON GENERAL HOSPITAL

STUDENT ENROLLMENT 60

HOSPITAL BEDS 220

Post-basic preparation in

Teaching and Supervision required,

experience desired.

Recognition given for preparation and experience

For further particulars apply to:

**PERSONNEL OFFICER
BRANDON GENERAL HOSPITAL
BRANDON, MANITOBA**

QUEBEC

Assistant Head Nurses; excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Registered Nurses for 30-bed General Hospital, 50 mi. from centre of Montreal, excellent bus service. Starting salary \$300 per mo., salary increased as recommended by ANPQ, 40-hr. wk. 4-wk. annual vacation, statutory holidays, 2-wk. sick leave, Blue Cross paid, living accommodation available. Apply: Mrs. D. Hawley, R.N., County Hospital, Huntingdon, Quebec.

Registered Nurses for fully accredited General Hospital in Eastern Townships 50 mi. from Montreal. Salary \$275-\$320 per mo., shift differential paid, complete maintenance \$45, 5-day wk., 30-day annual vacation, 7 statutory holidays, sick leave allowance. Pension plan in effect, Blue Cross hospitalization paid by hospital. Apply: Superintendent, Brome-Missisquoi Perkins Hospital, Sweetsburg, Quebec.

SASKATCHEWAN

Registered Nurses (2) for new completely modern 27-bed hospital. Initial salary \$290 per mo., 40-hr. wk., excellent working conditions & living accommodation, new modern residence. Apply to: Superintendent of Nursing Services, Kipling Memorial Union Hospital, Kipling, Saskatchewan.

Registered Nurses (2 immediately) for Union Hospital, Mossbank, with Dr. J. E. Miller in attendance. Salaries as per SRNA with increments & benefits. 40-hr. wk., fully modern nurses' residence, daily bus service to the city, recreational opportunities. Apply to: Fred Howlett, Hospital Sec., Mossbank, Saskatchewan.

Registered Nurses for General Duty for modern company hospital. Salary \$315 - \$360, additional allowance for postgraduate work, 21 - 35 day vacation, good personnel policies, group insurance, recreational facilities, plus free maintenance & comfortable living accommodation, transportation paid from point of hire. Apply to: Miss N. Prefontaine, R.N., Supervisor, Gunnar Hospital, Gunnar, Saskatchewan.

U.S.A.

Registered Nurses for modern 374-bed JCAH fully accredited General Hospital. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses Career satisfaction, interest & professional growth unlimited in modern, JCAH accredited 254-bed hospital. Located in one of California's finest areas, recreational, educational & cultural advantages are yours as well as wonderful year-round climate. If this combination is what you're looking for, contact us now! **Staff Nurse** entrance salary \$360 with automatic increases to \$420 per mo., supervisory positions at increased rate. Special area & shift differentials paid. Excellent benefits including Blue Cross hospitalization & surgical coverage & liberal personnel policies. Professional staff appointments available in all clinical areas to those eligible for California licensure. Write today: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses (Come to sunny California) Staff Nurses for permanent positions, various departments, days, evenings, nights. Excellent starting salary, increments, benefits & working conditions in one of the largest & finest general hospitals in the West. For details write: Personnel Department, Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California.

Registered Nurses for private 258-bed hospital for men, women & children. Staff Nurse salaries from \$355 - \$435, differentials for evenings, nights, communicable disease, operating room & delivery. Opportunities in all clinical areas. Holidays, vacations, sick leave & health insurance. California registration required. Applications & details furnished on request. Contact: Personnel Director, Children's Hospital, 3700 California Street, San Francisco 18, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Starting salary \$350 plus \$22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

Registered Nurses & Licensed Practical Nurses for hospital with new wing to open in May. Total capacity of 365-beds. Need nurses for medical-surgical, obstetrics, recovery room & emergency room. Starting salary for days: \$355 per mo. with \$25 differential for evenings & nights. Regular raises. Practical Nurses starting salary is \$260 per mo. Good personnel policies. For further information write to: Director of Nursing Service, St. Mary's Hospital, 509 E. 10th. Street, Long Beach, California.

Attention! General Duty Nurses 400-bed fully accredited County Hospital located 2-hr. drive from San Francisco, ocean beaches & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., paid vacation, paid holidays, pd. sick leave, retirement plan, social security, & insurance plan. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary \$376 per mo. plus shift & service differentials. Must be eligible for California Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

General Duty Staff Nurses for 450-bed fully approved hospital. Salary range per mo., day duty \$419-\$438; P.M. & night duty \$429-\$448, 40-hr. wk., excellent personnel policies, registration or permit to work in California required. Address applications to: Chief Nurse, Southern Pacific Railroad Hospital, San Francisco 17, California.

Staff Nurses for new modern 800-bed General & Tuberculosis Institution in beautiful San Joaquin Valley city - no smog - no snow - 235,000 in metro. area, midway between Los Angeles & San Francisco, close to 3 National Parks, 2 colleges & other cultural advantages. Full maintenance available. Immediate appointment. \$4,320 to \$5,400 per year. Apply immediately to: Director of Personnel, Fresno County Civil Service, Room 101, Hall of Records Building, Fresno 21, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Staff Duty positions in private 428-bed hospital, non-registered graduates acceptable. Liberal personnel policies & salary. Write to: Personnel Director, Hospital of the Good Samaritan, 1212 Shatto Street, Los Angeles 17, California.

General Duty Nurses for various departments including surgery for 72-bed hospital. Starting salary \$375 per mo. with periodic increases & fringe benefits. College town, tourist area, ideal climate. Contact: Superintendent, Alamosa Community Hospital, Alamosa, Colorado.

Graduate Nurses (Professional) We are an established teaching hospital offering a variety of interesting assignments in patient-centered care. The current starting salary for Staff Nurse is \$390 per mo., for evenings \$430 & nights \$420 per mo., for a 40-hr. 5-day wk. Fringe benefits include paid vacation up to 4 wks. per yr., 8 paid holidays per year, cumulative sick leave, Blue Cross & pension plan available. The hospital is centrally located & offers private room accommodations in our modern nurses' residence. Your inquiries are invited: Director of Nursing Service, Department C.J.N., Mount Sinai Hospital of Chicago, 2750 West 15th Place, Chicago 8, Illinois.

PROFESSIONAL NURSES USA

WEST VIRGINIA UNIVERSITY MEDICAL CENTER MORGANTOWN, WEST VIRGINIA

Immediate openings in new ultra-modern Medical Center with 520-bed hospital located 70 air miles south of Pittsburgh, Pennsylvania. Unique opportunities for general staff and specialty nurses in an exciting expansive program of patient services. You will serve as an integral part of a professional team in both the general and advanced clinical areas. 40 hour week. You will be privileged to enjoy many educational and other benefits as a member of the university staff. Must be at least 20 years of age and file a declaration of intent to reside in West Virginia to meet basic licensure requirements. New single and double university apartments available. Salary range \$315 (£107) per month and up.

For further details contact:

MISS AUDREY WINDEMUTH
DIRECTOR OF NURSING SERVICE
WEST VIRGINIA UNIVERSITY MEDICAL CENTER
MORGANTOWN, WEST VIRGINIA

NURSES, REGISTERED

250-bed General Acute Hospital, Centrally located in SAN FRANCISCO, CALIFORNIA

IMMEDIATE day, evening and night positions available for nurses in:

SURGERY, CARDIAC AND INTENSIVE CARE, GENERAL STAFF DUTY

Qualified applicants guaranteed positions for visa purposes.

SALARY RANGE from \$365-\$435 plus \$36.50 P.M. shift (3 - 11:30 P.M.) and specialty differentials, medical benefits and liberal holiday and vacation benefits.

GRADUATE medical resident program with University of California Medical School in General Surgical, Neurological, Ortho, and Plastic Surgery.

For further information, please write to:

MISS LOIS JAHN, DIRECTOR OF NURSING,
FRANKLIN HOSPITAL,
14th and Noe Sts., San Francisco, Calif.

Staff Nurses & Licensed Practical Nurses (Openings in several areas, all shifts.) 37½-hr. work wk., in small community hospital, 2-mi. from Boston, Living quarters available. Minimum starting pay \$73 R.N.'s; L.P.N.'s \$61 per wk. Experience considered, differentials for reliefs, nights. Contact: Miss Elizabeth Hewitt, Assistant Director of Nurses, Chelsea Memorial Hospital, Chelsea, Massachusetts.

Assistant Director of Nursing Service for 277-bed hospital. NLN Accredited school of nursing. Master's Degree preferred. Will accept Bachelor's Degree with experience in nursing service administration. Salary commensurate with experience & preparation. Liberal personnel policies, housing available in nearby community. Apply: Director of Nursing, Highland Park General Hospital, Highland Park 3, Michigan.

Operating Room Nurses for 277-bed General Hospital, Salary \$376-\$410 depending upon experience, liberal personnel policies. Apply: Director of Nursing, Highland Park General Hospital, Highland Park 3, Michigan.

Staff Nurses 380 bed hosp. new 120 med-surg. unit. Trans. pd. 1st class air to Albuquerque and return within U.S. in exchange for 1-yr. emp. contract. Come to New Mexico "Land of Enchantment." Career opportunities, largest pvt. JCAH accredited hosp. in state; near U. of New Mexico, R.N. & B.S. pgm. Practical Nurse pgm. accredited state & NAPNE. Vacancies, Med-Surg. & occasionally O.B., Peds. & O.R., salaries \$315 per mo. even., night or O.R. with call; 6-mo. increases up to \$375; days \$300 per mo. with increases up to \$360. Rotation from day duty is required only when no person desiring permanent P.M. of night tour is available. Liberal personnel policies include: optional Blue Cross, Discount Hosp. Services, pd. sick leave cumulative to 5 wks., annual physical exam., vacation 1 yr. — 2 wks., 2 yrs. — 3 wks. 5 yrs. — 4 wks. Active inservice pgm. Occasional vacancy hosp. owned apts. New Mexico licensure as professional nurse & U.S. Citizenship (or Immigration Visa) required. Write or call collect: Mrs. Emily J. Tuttle, Dir. of Nursing, Presbyterian Hospital Center, 1012 Gold, S.E., Albuquerque, New Mexico. Phone 243-5611.

Courses FOR R.N.'S N.Y. POLYCLINIC MED. SCH. & HOSP. — in heart of Manhattan — 6-mo. courses in: O.R. NURSING OPD. NURSING, MED-SURG. NURSING. Classes 4 times yrly: Mar., June, Sept., Dec. Room, meals, Medical Care & monthly cash stipend. Positions available to graduates of our Courses. For information write: Director of Nursing Education, 345 W. 50 St., N.Y.C., NEW YORK.

Graduates Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric & pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th. Street, Cleveland 6, Ohio.

Staff Nurses: Exchange Visitor program offers opportunities to learn & earn at large modern tuberculosis hospital in convenient suburban Cleveland, Ohio. Start at \$344 per mo. with semi-annual increments. 5-day work wk., paid vacation & 6 holidays, liberal sick leave, board, room & laundry at low rate in pleasant accommodations in nurses' home. Increase your professional experience at a progressive accredited hospital in an expanding community. Write: Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

Registered Nurse (Scenic Oregon, vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary starts at \$372. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland 1, Oregon.

Obstetrical Supervisor responsible for the administration of the Obstetrical Department, for 575-bed hospital, salary \$5,100 with increases to \$5,460. New \$3,500,000 building to open in fall. Entirely new modern Obstetrical Department in new building. Hospital has a large school with large faculty. Obstetrical Instructor carries the responsibility for teaching obstetrical nursing & supervision of students. Obstetrical supervisor assists with orientation & supervision of students. School of nursing has full accreditation with NLN. Retirement plan in addition to Social Security, hospital pays 5% of salary into fund & employee pays 3%. After 5 years, hospital provides life insurance policy for employee equivalent to one year's salary, hospital pays the policy, other liberal personnel policies, attractive working conditions, each room in nurses' residence has its own private bath & shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities. One college in city, 4 universities have extension centers or extension courses. Qualifications: Baccalaureate degree with preparation or experience in obstetrical nursing. Apply: Director of Nurses, The Reading Hospital, Reading, Penna.

Science Instructor to teach Chemistry & Microbiology for 575-bed hospital with a \$3,500,000 building ready to open in fall. Teaching & laboratory facilities excellent. School has full accreditation with NLN. There are 25 Nurse Instructors on faculty. Salary for assistant instructor \$4,500-\$4,860 with opportunity for promotion to full instructor in Science Department. Lectures given by Albright College Professor. School has 2 nurse instructors to teach the laboratory portion of the course. One class a year admitted. Retirement plan in addition to Social Security. Hospital pays 5% of salary into fund & employee pays 3%. After 5 years hospital provides life insurance policy for employee equivalent to one year's salary. Hospital pays the policy. Other liberal personnel policies, attractive working conditions, each room in nurses' residence has its own private bath & shower, hospital located in a beautiful 40-acre park, community has many cultural opportunities, one college in city, 4 universities have extension center or extension courses in city. Qualifications: Licensed Nurse with Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Penna.

Assistant Nursing Arts Instructor — 5 other full-time instructors with no administrative responsibilities. For 575-bed hospital & opening a \$3,500,000 building in fall. Salary \$4,500 with increases to \$4,860 & opportunity for promotion with salary to \$5,460. Two intensive care units in new building. School has full accreditation from NLN. There are 25 nurse instructors. Sciences taught by Albright College. Retirement plan in addition to Social Security, hospital provides a life insurance policy for employee equivalent to one year's salary, hospital pays the policy. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath & shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities. One college in city, 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Penna.

Clinical Instructor to teach a portion of Medical & Surgical Nursing, for 575-bed hospital with a new \$3,500,000 building ready to open in fall. Salary for faculty with no previous teaching experience \$4,860 with increases to \$5,460. Starting salary \$5,100 for qualified instructors with 2 years' teaching experience. School of Nursing enlarging, increasing size of faculty. 12 full-time Medical & Surgical instructors with no administrative responsibilities. Also 2 full-time Dietician instructors in the Clinical area. Two intensive care units in new building, school has full accreditation from NLN. There are 25 Nurse Instructors. Sciences taught by Albright College. Retirement plan in addition to Social Security. Hospital pays 5% of salary into fund & employee pays 3%. After 5 years hospital provides a life insurance policy for employee equivalent to one year's salary. Hospital pays the policy. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath & shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities. One college in city, 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Penna.

OPERATING ROOM NURSES

For 163-bed active hospital, located in a progressive community between Toronto and Hamilton. Postgraduate training or experience essential. Good salary and personnel policies.

Apply giving age, qualifications and experience to:

**DIRECTOR OF NURSING
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL
OAKVILLE, ONTARIO**

MATRON

required

For new modern 16-bed hospital in northern Alberta. Good accommodations and communications. Progressive farming and industrial area served by our hospital. Fare paid from any point in Canada. Salary commensurate with AARN schedule and experience. If interested, please write, or phone, or wire collect for further details. If writing — please state date available, salary expected, and experience.

Also required — REGISTERED NURSES (2)

Above details apply also to nurses.

**Apply: MANNING MUNICIPAL HOSPITAL
2ND AVENUE NORTH, MANNING, ALBERTA**

WANTED IMMEDIATELY REGISTERED NURSES

FOR 35-BED HOSPITAL

Salary \$305 with annual increments, allowance for experience and postgraduate training, 40 hour week — 9 statutory holidays, 3 week vacation after one year — 4 weeks thereafter, 1 day sick leave per month accumulative, generous fringe benefits, nurses' residence—board \$45 per month.

Apply: LITTLE LONG LAC HOSPITAL, GERALDTON, ONTARIO.

GENERAL DUTY REGISTERED NURSES

FOR 42-BED GENERAL HOSPITAL

Salary \$295 with six months increments. Allowance for past experience. Generous fringe benefits. Board and residence \$45 per month.

On paved highway 38 miles from Winnipeg. New construction program well advanced.

Apply: DIRECTOR OF NURSING, BETHESDA HOSPITAL, STEINBACH, MANITOBA.

Wanted by the City of Hamilton — PUBLIC HEALTH NURSE

Must be a graduate Nurse and should have the Public Health Certificate.

5 day — 36¼ hour week. Minimum salary \$3,701 — Maximum salary \$4,457.

Top fringe benefits including pension, sick pay, group insurance, vacations, statutory holidays, hospital and medical plan.

Apply to

DIRECTOR OF PERSONNEL, CITY HALL, HAMILTON

PUBLIC HEALTH NURSES

REQUIRED FOR HEALTH BRANCH, B.C. CIVIL SERVICE

Positions available for qualified Public Health Nurses in various centres in British Columbia. **SALARY — \$356 - \$440 per month; car provided.** An opportunity for interesting and challenging professional service in this beautiful and fast-developing Province. For further information and application forms, apply to The Director, Public Health Nursing, Department of Health Services and Hospital Insurance, Parliament Buildings, VICTORIA, B.C., or to The Chairman, B.C. Civil Service Commission, 544 Michigan Street, VICTORIA, B.C.

COMPETITION NO. 62:57.

Evening Clinical Instructor to work with the students in the clinical area from 3:00 to 11:00 P.M. for 575-bed hospital with a \$3,500,000 building ready to open in the fall, 2 intensive care units are in new building. School has full accreditation from NLN. There are 25 Nurse Instructors. Sciences taught by Albright College. Starting salary for instructor with no previous teaching experience \$4,980, increases up to \$5,580, Instructors with previous teaching experience start at \$5,220. The school has 10 full-time Medical & Surgical Instructors on days. Also a full-time Dietician Instructor in the clinical area. Retirement plan in addition to Social Security. Hospital pays 5% of salary into fund & employee pays 3%. After 5 years hospital provides a life insurance policy for employee equivalent to one year's salary. Hospital pays the policy. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath & shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities. One college in city, 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Penna.

Pediatric Instructor to teach a portion of pediatric nursing. 2 **Pediatric Instructors** for 575-bed hospital opening a new \$3,500,000 building in the fall. Starting salary for instructor with no previous teaching experience is \$4,860 with increases to \$5,460. Instructors with previous teaching experience start at \$5,100. School of Nursing enlarging & increasing the size of the faculty. School has 25 Nurse Instructors with no administrative responsibilities. Sciences taught by Albright College Professors. Entirely new & modern Pediatric Department in new building. School has full accreditation from NLN. Retirement plan in addition to Social Security. Hospital pays 5% of salary into fund & employee pays 3%. After 5 years the hospital provides a life insurance policy for employees equivalent to one year's salary. Hospital pays the policy. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath & shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities, one college in city, 4 universities have extension centers or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Penna.

Staff Nurses (All Clinical Services) Base salary \$319, differential for 3-11 and 11-7 shifts, liberal personnel policies include sick leave, retirement plan, 3-wks. vacation & laundry of uniforms. Orientation & in-service programs — housing available on campus or in vicinity of hospitals. Apply: Director of Nursing Service, The University of Texas-Medical Branch Hospitals, Galveston, Texas.

Registered Nurses (immediate openings in California) Expansion of our General Hospital has enabled us to offer excellent opportunities in all occupational specialties. Starting salary: General Duty \$390 per mo.-days; \$415 per mo. P.M. & nights, \$10 differential per mo. for psychiatry, Operating Room \$415 per mo.-days; \$440 per mo. P.M.'s. Liberal employment benefits. The best in working conditions. Write: Personnel Department, Sutter Community Hospitals, 2820 "L" Street, Sacramento, California.

Operating Room Nurses (Combine business with pleasure) live & work in California. Starting salary \$415 per mo.-days; \$440 P.M.'s; top benefits, excellent working conditions. Write: Personnel Department, Sutter Community Hospitals, 2820 "L" Street, Sacramento, California.

Assistant Director Nursing Services (Nights) for modern 320-bed teaching & research hospital located on university campus. Salary \$474-\$604, liberal fringe benefits, free educational opportunities after 6-mo. Apply: Hospital Personnel, BB-314 University Hospital, University of Washington, Seattle, Washington.

ALBERTA

General Duty Nurses for Fairview Municipal Hospital, salary \$300-\$330, 40-hr. wk. Apply to: Mrs. P. Landry, Matron, Fairview, Alberta.

BRITISH COLUMBIA

General Duty Nurses for active 30-bed hospital. RNABC policies & schedules in effect also Northern Allowance. Accommodations available in residence. Apply: Director of Nursing, General Hospital, Fort Nelson, British Columbia.

Director of Nursing for active 23-bed acute General Hospital on Sunshine Coast 50 mi. from Vancouver. Must be eligible for B.C. registration, have O.R. & supervisory experience, and organizing ability. Salary open, health insurance plan, superannuation, two-room suite in residence \$15 month. New hospital planned. Please apply with full particulars to: Administrator, St. Mary's Hospital, Garden Bay, British Columbia.

Registered or Graduate Nurses (2) for 15-bed hospital, situated on the beautiful Arrow Lakes, B.C. Standard B.C. salary, holidays, 40-hr. wk. & living-in accommodations at low cost. Apply to: The Administrator, Arrow Lakes Hospital, P.O. Box 87, Nakusp, British Columbia.

Graduate Nurses (2) for 31-bed hospital in the sunny interior of British Columbia. Salary \$325 per mo., 28 days annual vacation, 10 statutory holidays, \$10 annual increment, full board & room in TV-equipped nurses' residence \$45 per mo. with free uniform laundry, good personnel policies in effect. Apply: Director of Nursing, General Hospital, Princeton, British Columbia.

ENGLAND

Plastic Surgery, Jaw Injuries & Burns Centre, St. Lawrence Hospital, Chepstow, Mon. England. (127-Plastic Surgery, 50-Orthopedic beds), 6-mo. postgraduate course on Plastic Surgery for Canadian Trained Nurses commences October 1st. Post provides opportunity of gaining further experience & seeing something of England. Full national Nurses' salary paid. Good knowledge of English essential & must pay own fare to England. This post provides an opportunity for those who wish to take a working holiday with pay. Write quoting 2 references to T. A. Jones, Group Secretary, 64 Cardiff Road, Newport, Mon., England.

ONTARIO

Operating Room Nurse (experienced) for 100-bed General Hospital. Salary \$350, room & board, if desired, \$50 per mo., good personnel policies & O.H.A. Pension Plan in effect. For further particulars apply: Director of Nurses, Lady Minto Hospital, Cochrane, Ontario.

Public Health Nurses salary \$4,000 - \$5,000, annual increment \$200, allowance for experience, hospital plan, P.S.L. Pension Plan, sick leave, 4-wk. vacation, generous car allowance. Nurse will reside in a city of 45,000 population. Apply: Dr. W. C. MacPherson, Director, Port Arthur & District Health Unit, 93 Balsam Street, Port Arthur, Ontario.

Nurses for new modern 15-bed (Medical & Surgical) hospital in the heart of Niagara fruit belt, 12-mi. from Niagara Falls. Apply stating qualifications, experience, salary expected, date available & telephone number to: Administrator, Medical Centre Hospital, Box 10, Virgil, Ontario.

Public Health Nurses (qualified) for generalized program with City of Peterborough. Personnel policies available on request. Apply to: J. R. Anderson, M.D., D.P.H. Medical Officer of Health, City Hall, Peterborough, Ontario.

ASSOCIATE DIRECTOR OF NURSING SERVICE

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required for

SASKATOON CITY HOSPITAL

Saskatoon, Saskatchewan

Salary commensurate with qualifications and experience.

Apply to: DIRECTOR OF NURSING, SASKATOON CITY HOSPITAL, SASKATOON, SASK.

**KINGSTON
GENERAL HOSPITAL
GENERAL STAFF NURSES**

required for

**INTENSIVE CARE UNIT
SURGERY, MEDICINE
AND OPERATING ROOM**

*For personnel policies and further
information apply to:*

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KINGSTON, ONTARIO**

VACANCY

**NURSE
MENTAL HEALTH DIVISION
DEPARTMENT OF HEALTH**

SAINT JOHN, N.B.

QUALIFICATIONS:

Graduation from an approved school of nursing, supplemented by postgraduate training in pediatrics, with considerable experience in child care work.

DUTIES:

The duties relate to the provision and follow-up of child psychiatric services to retarded children.

SALARY:

\$3,780 - \$4,320 per annum
Annual Increment \$180
Full Civil Service benefits

APPLY:

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P.O. BOX 1055
FREDERICTON, N.B.

**VICTORIA HOSPITAL
LONDON, ONTARIO**

Modern 900-bed hospital
requires

**Registered Nurses for
all services**

and

**Certified
Nursing Assistants**

40 hour week - pension plan
- good salaries and personnel
policies.

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NURSES**

General Staff Nurse positions available in General Operating Rooms (general surgical, cardiac, neuro-surgical, plastic, orthopedic, ear, nose and throat, and urology). Positions also in Gynecological and Ophthalmological operating rooms. Salary commensurate with experience, excellent additional benefits including refund of tuition up to six points per semester.

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REGISTERED NURSES REQUIRED FOR DVA HOSPITALS

Salaries in accordance with accepted practice in the locality as indicated below. A higher rate may be paid for recent acceptable experience. Specialty allowances will be paid for postgraduate training or education which is utilized in the performance of the duties of the position.

Victoria Veterans Hospital, Victoria, B.C. (\$3,600)
 Shaughnessy Hospital, Vancouver, B.C. (\$3,600)
 Colonel Belcher Hospital, Calgary, Alta. (\$3,450)
 Deer Lodge Hospital, Winnipeg, Man. (\$3,450)
 Westminster Hospital, London, Ont. (\$3,450)
 Sunnybrook Hospital, Toronto, Ont. (\$3,450)
 Queen Mary Veterans Hospital, Montreal, P.Q. (\$3,300)
 Ste. Anne Veterans Hospital, Ste. Anne de Bellevue, P.Q. (\$3,300)
 Lancaster Hospital, Lancaster, N.B. (\$3,150)
 Camp Hill Hospital, Halifax, N.S. (\$3,000)

BENEFITS:

Pension plan; three week's paid vacation; three week's cumulative sick leave; five day week. Cotton uniform and laundering of same will be provided. In some centres low cost living in staff residences is also available.

Applications are available at Civil Service Commission Offices, National Employment Offices and main Post Offices.

For further particulars contact the Civil Service Commission Office in the province where the position in which you are interested exists:

VANCOUVER, 1110 Georgia St. W., EDMONTON, 107 St. & 99 Ave., WINNIPEG, 266 Graham Ave., TORONTO, 25 St. Clair Ave. E., MONTREAL, 1165 Bleury St., SAINT JOHN, Canterbury St., HALIFAX, 105 Hollis St.

REGISTERED NURSES NURSING ASSISTANTS

Required for all departments in new 163-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 40-hour week.

Apply stating age, qualifications to:

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225-BED GENERAL HOSPITAL — FULLY ACCREDITED WITH
SCHOOL OF NURSING

Good personnel policies

Salary commensurate with preparation & experience

For further information apply to:

**DIRECTOR OF NURSING
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CHARLOTTETOWN, P.E.I.**

NURSING CONSULTANT (EDUCATIONAL ASSISTANT)

\$6,540 - \$7,500

REQUIRED BY

Emergency Health Services Division, Department of National Health and Welfare, OTTAWA.

The principal responsibility of this position is to study the nursing needs of Canadians under emergency conditions, and to advise on aspects of nursing education related to the Emergency Health Services Program. Candidates must possess a Baccalaureate Degree in Nursing, registration in a province of Canada, and at least five years acceptable experience in nursing education.

For further details and application forms write to:

CIVIL SERVICE COMMISSION, OTTAWA. — Please ask for Information Circular 62-480.

POSITIONS OPEN FOR:

INSTRUCTOR

Certificate in Nursing Education required.
Student enrollment 85.
One class per year registers in September.
Well-equipped modern school and residence.

NURSERY HEAD NURSE

Previous senior experience preferred.
200-bed hospital — Fully accredited.

For further details apply to:

THE DIRECTOR OF NURSING, GENERAL HOSPITAL GUELPH, ONTARIO.

QUEEN ELIZABETH HOSPITAL OF MONTREAL

Positions available immediately for Registered Nurses, general duty in new wing of hospital, intensive care unit, general medical and surgical wards and obstetrical unit. Salaries are paid in accordance with recommendations of Association of Nurses of the Province of Quebec and commensurate with experience and education.

For further information please make appointment or write to

DIRECTOR OF NURSING
QUEEN ELIZABETH HOSPITAL OF MONTREAL
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REGISTERED NURSES SALARY \$336 - \$400

- Plus Merit increases
- 8 hour working periods
- Modern 45 bed accredited hospital
- Residence accommodation
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- Located in Northern Ontario close to transportation centres.

Inquiries Are Invited — Write To The

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SALARY RANGE \$100 - \$118

Required by Metropolitan Toronto to perform administrative and supervisory duties at Riverdale Hospital, a hospital for chronically ill and convalescent patients. Experience in a responsible hospital position and supervision of a large hospital staff required. Permanent position, 40-hour week, excellent fringe benefits.

Apply: PERSONNEL OFFICE
387 BLOOR STREET EAST
TORONTO 5, ONTARIO

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Dept. of National Health and Welfare
Various Centres

\$5,160-\$5,880 and \$4,380-\$4,920

At least four years acceptable experience (or combined experience and additional education) required.

A certificate in Teaching and Supervision or Nursing Service Administration is desirable, but for some positions, two years additional experience may be substituted for the certificate.

For further details and applications write to the
CIVIL SERVICE COMMISSION, OTTAWA
and ask for Information Circular 62-475.

ONTARIO

Registered Nurses for an active 75-bed General Hospital renovated with new wing. In Western Ontario, 100-mi. from Toronto, 8-hr. working day, 5-day wk., \$300 per mo. less \$45 for full maintenance. Write for particulars to: Mrs. Eleanor McDowell, Reg.N., Director of Nursing Services, Memorial Hospital, Listowel, Ontario.

Matron for 28-bed General Hospital. Position will be open July 31, 1962. Duties include administration, supervision & operating room. Salary commensurate with qualifications & experience. Apply to: Mr. W. R. B. Trow, Secretary, Margaret Cochenour Memorial Hospital, Cochenour, Ontario.

Clinical Instructors (2) for combined Medical & Surgical nursing & Head Nurses (2) qualified, for Medical & Surgical Units. Good salary & personnel policies. Apply to: Director of Nursing, St. Joseph's Hospital, Peterborough, Ontario.

NEW BRUNSWICK

General Staff Nurses urgently required to staff 160-bed extension to a General Hospital. Nurses required for Intensive Care Unit, Medical Surgical Units, Pediatrics, Obstetrics, Operating Room & Psychiatry. Starting salary \$260 per mo., good personnel policies. Apply: Director of Nursing, Moncton Hospital, Moncton, New Brunswick.

QUEBEC

Positions available on nursing staff (Victorian Order of Nurses, Greater Montreal Branch). Salaries in line with those of other public health organizations. Good personnel policies, knowledge of French language not essential. Apply: District Director, 1246 Bishop Street, Montreal, Quebec.

MANITOBA

Operating Room Supervisor for 6-year old 74-bed General Hospital, 20-mi. from Winnipeg. O. R. experience necessary. Salary commensurate with experience. Also **General Duty Nurses** required. Usual holiday & sick leave benefits, excellent living accommodation. Reply, stating qualifications to: Director of Nursing, Box 5000, Selkirk, Manitoba.

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invites applications from

GRADUATE NURSES

and

CERTIFIED NURSING ASSISTANTS

to fill vacancies in the Neurosurgical ward and Metabolic Unit as well as on general Medical and Surgical wards.

Apply in writing:

DIRECTOR OF NURSING, MONTREAL CHILDREN'S HOSPITAL

2300 TUPPER STREET, MONTREAL 25, QUEBEC

INSTRUCTOR IN HEALTH EDUCATION AND MEDICAL-SURGICAL NURSING

This is an opportunity to participate in the development of a progressive School which emphasizes educational experiences for the student. The program consists of 2 years of Nursing Education followed by one year internship. One class of 32 students is admitted annually.

DUTIES INCLUDE:

Responsibility for the student Health program, instruction in Health Education, Normal Nutrition, and Microbiology. Classroom and Clinical Instruction in certain areas of an integrated course in Medical-Surgical Nursing.

REQUIREMENTS:

University preparation in either Public Health or Nursing Education. Salary differential for degree.

DUTIES TO COMMENCE: August, 1962.

For further information apply to:

DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE ROAD, WINDSOR, ONTARIO

DIRECTOR OF NURSING

Applications are invited for the position of Director of Nursing. Active general hospital with full complement of services. Addition recently completed to bring to 270-bed capacity.

*Please apply by letter giving details of qualification
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CLEARWATER LAKE HOSPITAL, THE PAS, MANITOBA

Interesting positions immediately available for hospital of 150-beds for tuberculosis (Indians and Eskimos) and extended treatment patients. Initial **Head Nurse** salary \$340 per month, **Staff Nurse** \$310 per month. Apply to:

DIRECTOR OF NURSING SERVICES, SANATORIUM BOARD OF MANITOBA

1654 PORTAGE AVENUE, WINNIPEG 12, MANITOBA

THE OSHAWA GENERAL HOSPITAL SCHOOL OF NURSING

requires

SCIENCE INSTRUCTOR CLINICAL INSTRUCTOR MEDICAL NURSING CLINICAL INSTRUCTOR SURGICAL NURSING

Duties to commence August 1, 1962 or earlier

For information apply to:

DIRECTOR OF NURSING, ALMA STREET, OSHAWA, ONTARIO

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Invites applications for the position of

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Salary commensurate with qualifications and experience.

APPLY TO:

DIRECTOR OF NURSING

HEAD NURSE DELIVERY ROOM

Experienced postgraduate required for charge position in this modern 300-bed hospital located in Canada's Chemical Valley.

Sarnia, Ontario, is a progressive industrial city, located at the Junction of the St. Clair River and Lake Huron.

The hospital is fully accredited, and has approved schools for nurses, X-ray and Laboratory technicians, and is approved for intern training.

Apply by letter stating qualifications and salary expected to:

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INSTRUCTOR IN OBSTETRICAL NURSING

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DUTIES INCLUDE: Clinical and Classroom Instruction in an integrated program of Maternal and Child Care.

REQUIREMENTS: University preparation in Nursing Education.
Salary differential for degree.

DUTIES TO COMMENCE: August, 1962.

For further information apply to:

DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE ROAD, WINDSOR, ONTARIO

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Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: \$325 per mo., 6 holidays, sick leave, 3 wk. vacation.

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If you desire to practise your profession in a modern and scientific hospital, that has 21 specialties and 1,050 beds.

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Generous salaries, according to qualifications, with periodic increases. Differential for evening and night duty, 10 Statutory holidays. Vacation based on date of employment. Pension plan. Inservice education program. Recreational Center.

For information, write to:

**LA DIRECTRICE DU NURSING,
HOPITAL NOTRE DAME, 1560 EST, RUE SHERBROOKE, MONTREAL 24.**

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Head Nurse for Pediatric Department

Instructor in Surgical Nursing

Instructor in Medical Nursing

General Duty Staff Nurses

For further information write:

**THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO**

SUBURBAN TORONTO GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well-staffed expanding 125-bed hospital in suburban west Toronto. General Staff Nurses salary range: \$305-\$355 per mo. Certified Nursing Assistants \$225-\$255 per mo. 5 day week. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

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TORONTO 15, ONTARIO — CH. 4-5551**

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REGISTERED NURSES**

and

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ASSISTANTS**

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Registered Nurse

with operating room experience, required for 200-bed hospital situated in a beautiful residential town on the shores of Lake Temiskaming. Starting salaries \$320 for R.N.'s and \$220 for C.N.A.'s. Good personnel policies including 40 hour week, O.H.A. pension plan etc. Accommodation available in residence if desired.

For particulars apply to:

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**CLINICAL AND
CLASSROOM
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with advanced preparation required for
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APPROVED SCHOOL OF NURSING

Junior students attend Lakehead College for instruction in the basic physical and social sciences and English.

Fully accredited hospital — 300-beds. This is one of the loveliest parts of Canada, and is both a summer and winter sports resort.

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CERTIFIED
NURSING ASSISTANTS**

for

375-bed, fully accredited General Hospital. Registered Nurses salary \$300 - \$340 per month. Certified Nursing Assistants \$200 - \$230 per month.

For further information write:

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GRADUATE NURSES

START \$395⁰⁰ per month

Write for the facts... regarding employment, residence, opportunities for study and advancement

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Invites applications for — Instructor

Requirements: University preparation in Nursing Education

Salary differential for degree

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Applications are invited for the position of Matron of this hospital, employment to commence August/September, 1962. The salary payable will be \$350 per month with free room and board. Free air transportation from Edmonton or Vancouver with free outgoing transportation to either of those points on satisfactory completion of one year's service. Capacity of hospital is 14-beds and 2 cots. Nursing staff consists of 4, apart from the Matron. The hospital was constructed in 1956/57 and is therefore modern. Patient days 2,500/3,000 per year. Write:

TERRITORIAL TREASURER, GOVERNMENT OF YUKON TERRITORY,
P.O. BOX 2029, WHITEHORSE, Y.T.,
setting out experience and qualifications.

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Opening Large Modern Addition — Autumn, 1962 — 900-bed capacity.

Nursing facilities, both attractive and efficient, await the professional graduate nurse. A Six-Million Dollar expansion provides for a new air-conditioned building, with modern Admitting Wing, Emergency Unit, Operating and Recovery Rooms, Intensive Care Unit, Patient Rooms, Wards and Play Areas, enlarged Laboratories and a New Dining-Room for the personnel.

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Positions available in all clinical areas.

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Personnel Practices Provide:

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For further information write to:

Director in Chief,
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for
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Saint John General Hospital
Saint John, N.B.

26-beds (New Wing 1960)

Chief of Department —
Certified Psychiatrist

Assistant also Certified Psychiatrist

Full-time Psychologist and
Social Worker

Clinical Nursing Instructor

Teaching program — Internes;
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Liberal personnel policies;
Pension Plan;

Salary commensurate with
education and experience.

Apply:

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SAINT JOHN GENERAL HOSPITAL
SAINT JOHN, NEW BRUNSWICK

UNIVERSITY OF
MICHIGAN

MEDICAL CENTER
Ann Arbor, Michigan

Offers challenging positions to
qualified Registered Nurses.

1000-bed hospital — all Clinical
Services.

Good salaries — \$375 to \$415
and generous fringe benefits.

For further information write:

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CENTER,
ANN ARBOR, MICHIGAN.



PROVINCE
OF ALBERTA

The Provincial Mental Hospital
Ponoka, Alberta.

EMPLOYMENT OPPORTUNITIES

(A) General Duty Nurses — Preference given
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Nursing.

Salary — \$280 to \$375 per month, de-
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(B) Instructors (Classroom and Clinical) to
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1. Basic Course in General and Psychiatric
Nursing

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This is an active treatment mental hospital con-
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Salary commensurate with
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ONE CLASS PER YEAR

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- Basic salary \$305 — \$355 per month with Ontario registration.

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MANITOBA REHABILITATION HOSPITAL

requires

GENERAL STAFF NURSES on and after May 1st, 1962

For information, write to:

DIRECTOR OF NURSING
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WINNIPEG 2, MANITOBA

SCIENCE INSTRUCTOR

for

Royal Inland Hospital,
Kamloops, B.C.

School of Nursing with 75 students, expanding to 100 with completion of new building in near future. Salary commensurate with preparation and experience. Superannuation and Medical plans in effect. Position open — September 1st, 1962.

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CANORA UNION HOSPITAL CANORA, SASK.

requires 4

REGISTERED NURSES for GENERAL DUTY

75-bed General Hospital

Starting salary \$290 with differential for experience and postgraduate training.

Residence accommodation if desired.

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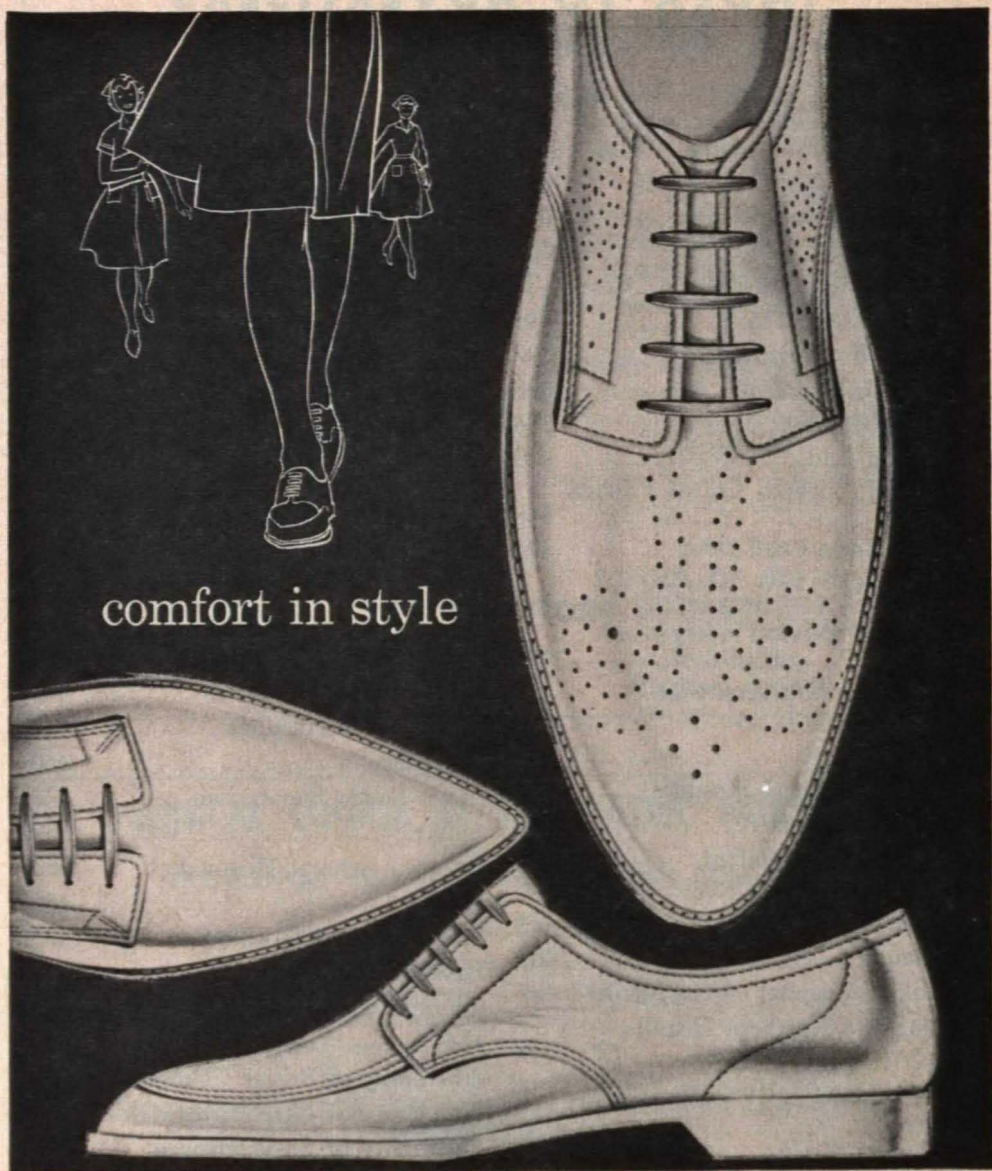
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